

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State 2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liability company 1. ID No. LPI Properties, LLC 117105 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation **REAL ESTATE PROPERTY MANAGEMENT** RHODE ISLAND JOHNS TON 5. Principal office address 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name Street Address Street Address Zip State City Żφ State City Manager Name Manager Name Street Address Street Address Z(p State City Z.ip State 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address Agent Name **GORHAM & GORHAM** 

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

**NORTH SCITUATE** 

| File Date | 10/14/05-117105                 |  |
|-----------|---------------------------------|--|
| Check No. | 1247                            |  |
| Ву:       | EOR SUCRETARY OF STATE USE ONLY |  |

JANE G. GURZENDA, ESQ.

25 DANIELSON PIKE, P.O. BOX 46

Address

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

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## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

2004

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| <i>1. 1D No.</i><br>117105  | 1  | name of the limited liability company  operties, LLC  |               |   |           |             |  |  |
| 3. State of Formation   |  | 4. Brief description of the character of the business which is actually conducted in Rhode Island |               |   |           |             |  |  |
| RHODE ISLAND REAL ESTATE PROPERTY MANAGEME                          |  |   |               |   |           |             |  |  |
| 5. Principal office address   |  |   | City          | State<br>RI   | Zip 02919 |             |  |  |
| 29 Arment   | o Street   |   |               | Johnston  | KI.       | 1 02919     |  |  |
| 6. MAILING ADD  | RESS OF LIMI   | ITED LIABILIT   | Y COMPANY AND | NAME OR TITLE OF CONTACT  | PERSON:   |             |  |  |
| Contact Name<br>Claudia   | LaFazia  |   |               | Contact Title<br>Member   |           |             |  |  |
| Street Address  |  |   | ·             | Clly  | State     | Zip         |  |  |
| 29 Arment   | o Street   |   |               | Johnston  | RI        | 02919       |  |  |
| Manager Name  |  |   |               | Manager Name  |           |             |  |  |
|   |  |   |               |   |           | <u> </u>    |  |  |
| Sirect Address  |  |   |               | Street Address  |           | · · · · · · |  |  |
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| City  | Sta  | ate   | Zip           |   | State     | Z(p         |  |  |
| <u> </u>  | Sta  | ate   | Zip           | City  | State     | Ζίρ         |  |  |
| City<br>Manager Name<br>Sircet Address                              |  | ate   | Zip<br>Zip    | City<br>Manager Name  | State     | Zip<br>Zip  |  |  |
| City  Manager Name  Street Address  City  8. RESIDENT AG            | Ste  | aic   | Zip           | City  Manager Name  Street Address  | State     |             |  |  |
| City  Manager Name  Street Address  City                            | State of the state | aic   | Zip           | City  Manager Name  Street Address  City  anges require filing of Form          | State     |             |  |  |
| City  Manager Name  Street Address  City  8. RESIDENT AG Agent Name | State of the state | aic   | Zip           | City  Manager Name  Street Address  City  anges require filing of Form  Address | State     |             |  |  |

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| File Date                       | 9/16/04 |  |  |  |  |  |
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| FOR SECRETARY OF STATE USE ONLY |         |  |  |  |  |  |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

(1/1.1.20

Date

Signature of Authorized Person

Claudia LaFazia



Manager Name

Street Address

Agent Name

JANE G. GURZENDA, ESQ.

25 DANIELSON PIKE, P.O. BOX 46

City

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS\_\_\_\_\_ Office of the Secretary of State

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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

2003

Zip

02857-

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements.

Matthew A. Brown, Secretary of State

IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_

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| 1   | 2. Exact name of the limited liability company   |  |  |   |  |  |  |
| LPi Properties  | LPI Properties, LLC  |  |  |   |  |  |  |
| formation 4. Brief description of the character of the business which is actually conducted in Rhode Island |  |  |  |   |  |  |  |
| REAL EST.   | ATE PROPERTY MANA  | GEMENT   |  |   |  |  |  |
| 5   |  | City   | State  | Zip   |  |  |  |
|   |  | Johnston   | RI   | 02919   |  |  |  |
| SCIECT  | BILITY COMPANY AN  |  | T PERSON:  | ·   |  |  |  |
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| o-Forsio  |  | Member   |  |   |  |  |  |
| aracia  | <del></del>  |  | State  | Zip   |  |  |  |
| Strant  |  | · ·  | RI   | 02919   |  |  |  |
|   |  | <b>:</b>   | l .  | l   |  |  |  |
| RESS OF EACH MAN  | AGER OF THE LIMIT  | ED LIABILITY COMPANY, IF AP  | PLICABLE   |   |  |  |  |
| FILL IN   | SPACES BEFORE USIN   | IG ATTACHMENTS ("X" BUX I  | PUK ALIAUMMENI) [].<br>PLG 1 -7.16.12 (a) (2) .  | / 7.16.52   |  |  |  |
| Y MODIFICATIONS   | TO MANAGERS REQU   | •  | R.1.G.L. 7-10-12 (4) (2)   | , 1-30 )2   |  |  |  |
| danager Name  |  |  | Manager Name   |   |  |  |  |
|   |  |  |  |   |  |  |  |
| ingi Addriss  |  |  | Street Address   |   |  |  |  |
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| 3   | nber 1 - November 1 OR PRINTED IN BLACK  2. Exact name of the lim LPI Propertle  4. Brief descrip REAL EST  5 Street SS OF LIMITED LIA AFAZIA  Street RESS OF EACH MAN FILL IN | or Printed in Black)  2. Exact name of the limited liability company LPI Properties, LLC  4. Brief description of the character of the bear REAL ESTATE PROPERTY MANA  S Street SS OF LIMITED LIABILITY COMPANY AND PARALIES OF LIMITED LIABILITY COMPANY AND PARALIES OF EACH MANAGER OF THE LIMITED LIABILITY SPACES BEFORE USIN | PRINTED IN BLACK)  2. Exact name of the limited liability company LPI Properties, LLC  4. Brief description of the character of the business which is actually conducted in Rh REAL ESTATE PROPERTY MANAGEMENT  S  Street  SS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT Contact Title  AFAZIA  Street  Street  Street  City  Johnston  Contact Title  Member  City  Street  Johnston  RESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF AP FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX  Y MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT,  Manager Name | OR PRINTED IN BLACK)  2. Exact name of the limited liability company LPI Properties, LLC  4. Brief description of the character of the business which is actually conducted in Rhode Island  REAL ESTATE PROPERTY MANAGEMENT  5. Street SS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title  AFAZIA  Street  City State Johnston RI  State Johnston RI  RESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name |  |  |  |

Manager Name

Street Address

City

Address

**GORHAM & GORHAM** 

**NORTH SCITUATE** 

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| File Date _ | 9.  | 2 | 4 | -O | 3_ |   |   |
|             |     |   |   | ,  |    |   |   |

FOR SECRETARY OF STATE USE ONLY

State

Claudic La Fazi

State

Print or Type Name of Authorized Person

contained herein are true and correct.



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

| (FORM MUST BE TY)              | PED OR PRINTED IN BLA  |  |  |                              |        |  |  |  |
|--------------------------------|--|--|--|------------------------------|--------|--|--|--|
| I. ID No.                      |  | 2. Exact name of the limited liability company   |  |                              |        |  |  |  |
| 117105                         | LPI Properties, LLC  | · · · · · · · · · · · · · · · · · · ·  |  |                              |        |  |  |  |
| 3. State of Formation          | 4. Brief descrip   | tion of the character of th  | ie business which is actually condu  | icted in Rhode Island        |        |  |  |  |
| RHODE ISLÂND                   | Real est   | ate property o   | nanagement   |                              |        |  |  |  |
| 5. Principal office add        | iress  |  | City   | State                        | Zip    |  |  |  |
| 29 Armento                     |  |  | Johnston   | RI                           | 02919  |  |  |  |
| 6 MATERIA DI                   | Territoria de la composición dela composición de la composición dela composición dela composición dela composición de la composición dela composición de la composición dela composici | THE THIRD PAY LOCAL C  | AND STATE OF THE S | क्षेत्रका निर्मातिक राज्य    |        |  |  |  |
| Contact Name                   |  |  | Contact Title  | •                            |        |  |  |  |
| Claudia LaF                    | Fazia  |  | · Member   |                              |        |  |  |  |
| Street Address                 |  | <del></del>  | City   | State                        | Zip    |  |  |  |
| 29 Armento                     | Street   |  | <ul> <li>Johnston</li> </ul>   | RI                           | 02919  |  |  |  |
| ) NAMESANDIAD                  | DRESS OF LACHENE   | evacuerco chemin   | IMEVED BIABILIED AS CON  | TRANSPORTER CAR              |        |  |  |  |
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|                                | ANY MODIFICATIONS  | no Model Res   | URES HIENO OF AMELONE  | TO SEE PLOT (UNIV)           | 4.000  |  |  |  |
| Manager Name                   |  | ,  | •Manager Name  |                              |        |  |  |  |
|                                |  |  | •  |                              | •      |  |  |  |
| Street Address                 |  |  | * Street Address   | *Street Address              |        |  |  |  |
|                                |  |  | •  | •                            |        |  |  |  |
| City                           | State  | Zip  | *City  | State                        | Zip    |  |  |  |
| ···,                           | 0.5.0  |  | •  |                              |        |  |  |  |
| Manager Name                   |  |  | Manager Name   |                              |        |  |  |  |
|                                |  |  | •  |                              |        |  |  |  |
| Street Address                 |  |  | Street Address   | · Street Address             |        |  |  |  |
|                                |  |  | •  |                              |        |  |  |  |
| City                           | State  | Zip  | City   | State                        | Zip    |  |  |  |
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| SPUSIDES ME                    | NUMBERHODEUSESS  | TOTO NOTALTERES  | ining of a constitution  | THE STATE OF                 |        |  |  |  |
| Agent Name                     |  |  | Address  |                              |        |  |  |  |
| JANE G. GURZEND                | A, ESQ.  |  | GORHAM & GORHA   | M                            |        |  |  |  |
| Address                        |  |  | City   | 2                            | Zip    |  |  |  |
| 25 DANIELSON PIKE, P.O. BOX 46 |  |  | NORTH SCITUATE   |                              | 02857- |  |  |  |
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|                                |  |  |  |                              |        |  |  |  |

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person Date

Claudia LaFazia

Print or Type Name of Authorized Person