

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

Matthew A. Brown, Secretary of State

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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2005

| (FORM MUST BE TYPED C | OR PRINTED IN BI | AČK) | | | | | |
|--|---|------|--|---------------------------|--------|-----|--|
| 1. ID No. 127505 | 2. Exact name of the limited liability company MOIO PROPERTIES, LLC | | | | | | |
| 3. State of Formation RHODE ISLAND 4. Brief description of the character of the business white REAL ESTATE RENTALS | | | rich is actually conducted in Rhode Island | | | | |
| 5. Principal office address 1224 NARRAGANSETT BOULEVALD 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME | | | CRANSTON | State RI T. PERSON: | 02905 | | |
| Contact Name Salvatore B. Moio | | | MANAging MeMBER | | | | |
| 1224 NARRAGANSETT BOULEVALD | | | CRANSTON | State | 02905 | | |
| | 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 SALVATORE B. MOID | | | Manager Name | | | | |
| Sirver Address 1284 NARRACANSETT BOULEVARI) | | | pulevary | Street Address | | | |
| CRANSTON | State R | I. | 02905 | City | State | Z!p | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | | Zip | City | State | Zip | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name | | | require filing of Form 642 - R.I.G.L. 7-16-11 Address | | | | |
| SALVATORE B. MOIO | | | City | | Zųp | | |
| 1224 NARRAGANSETT BOULEVARD | | | CRANSTON | <u></u> | 02905- | | |

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

| | - | | | |
|-----------|-----------|----------|----------------|---|
| File Date | - 10 | 26 | 05.127505. | _ |
| Check N | o | 100 | · ———— | _ |
| Ву: | | OCI | | _ |
| | FOR SECRI | ETARY 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.

Signature of Authorized Person Date

SalvaTORe B. Moio



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

IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ___ 2004

| | PED OR PRINTED IN BLACK) | | | | | | |
|----------------------------------|------------------------------|--|----------------------------------|--|-----------|--|--|
| I. ID No. | 2. Exact name of the limited | name of the limited liability company | | | | | |
| 127505 | MOIO PROPERTIES, LI | PROPERTIES LLC 14. Brief description of the character of the business which is actually conducted in Rhode Island | | | | | |
| 3. State of Formation | 4. Brief description | of the character of the busines | s which is actually conducted in | n Rhode Island | | | |
| RHODE ISLAND REAL ESTATE RENTALS | | | | | | | |
| 5. Principal office address | | | (2) | State | Ζ.φ | | |
| 6. MAILING ADD | DESS OF LIMITED LIABILI | TY COMPANY AND NA | ME OR TITLE OF CONT | TACT PERSON: | 02905 | | |
| Salvatore B. Moio | | | Thanaging Member | | | | |
| 1224 Nacragansett S/al. | | | Canst | on state R. | 02905 | | |
| | | CES BEFORE USING AT | TACHMENTS ("X" BC | APPLICABLE OX FOR ATTACHMENT) NT, R.I.G.L. 7-16-12 (a) (2) | / 7-16-52 | | |
| Salvatore B. 4010 | | | Manager Name | Manager Name | | | |
| Street Address | larraganser | 4 Blod. | Street Address | | | | |
| Clanst | oa fan RI | - 12.1p 02905 | City | State | Zip | | |
| Mefrager Name | | | Manager Name | | | | |
| Sireet Address . | | | Street Address | | | | |
| City | State | Zip | City: | State | Zip | | |
| 8. RESIDENT AG | ENT IN RHODE ISLAND | DO NÓT ALTER - Chan | iges require filing of Fo | orm 642 - R.I.G.L. 7-16-11 | • | | |
| SALVATORE 9. M | 010 | | <u> </u> | | | | |
| Address | | | City | Zip | Zip | | |
| 1224 NARRAGANSETT BOULEVARD | | | CRANSTON | 029 | 02905- | | |
| | | | | | | | |

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



File Date 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.

Print or Type Name of Authorized Person



Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222,3040

2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

| Filing Period: Septem | | • Filing Fee: \$5 | 0.00 | | | | |
|-------------------------------------|---|-------------------|---|------------------------|-------------|--|--|
| FORM MUST BE TYPED | | Estitle same | | | | | |
| 1. ID No 407505 | 2. Exact name of the limited liability company | | | | | | |
| 127505 | MOIO PROPERTIES, LLC | | | | | | |
| 3. State of Formation | 4. Brief description of the character of the hustness which is actually coyducted in Rhode island | | | | | | |
| RHODE ISLAND | Re | AL EST | ATC KenTA | 7CS | | | |
| 5. Principal office address | RACAUSETT | blud | CA ANSTO | 2 State | 03905 | | |
| 6. MAILING ADDRES | S OF LIMITED LIABIL | ITY COMPANY AN | D NAME OR TITLE OF CONTA | CT PERSON: | | | |
| Contact Name | | • - | Contact Title | | | | |
| SALL | VATORE B | 19010 | Memp | BCR MAKIA | e ora | | |
| C | GRAC-ANSETT | BLUL | CRANSTON | State | 07905 | | |
| 7. NAME AND ADDR | ESS OF EACH MANAG | ER OF THE LIMIT | ED LIABILITY COMPANY, IF A | PPLICABLE | · | | |
| | | | G ATTACHMENTS ("X" BOX | _ | ר | | |
| ANY | | | IRES FILING OF AMENDMENT | , - | | | |
| Manager Name | | - | Mana _{ge} r Name | | | | |
| SALVATORE B MOIO | | | | | | | |
| Street Address | ARBAGANSCTT | BLUS | Sirvet Address | | | | |
| CAANSTO | siale Af | 2.ip 0290 | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | Sirvet Address | | | |
| Сиу | State | Zip | Cuy | State | Zip | | |
| Agent Name | IN RHODE ISLAND - | DO NOT ALTER | : Changes require filing of For Address | m 642 · R.I.G.L. 7-16- | 11 | | |
| SALVATORE B. MOIO | | | | | | | |
| Address 1224 NARRAGANSETT BOULEVARD | | | City CRANSTON | 7.1p 02905- | | | |
| | | • | + | | | | |

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

| * 1 2 7 5 0 5 * | |
|----------------------------|--|
| File Daie 10/2/03 | |
| Check No. 126 | |
| ву: | |
| * 1 2 7 5 0 5 * File Date | |

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.

Symptotic of Authorized Person Date

Print or Type Name of Authorized Person