



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No. 101004		2. Exact name of the limited liability company VIMAR LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL PROPERTY	
5. Principal office address 37 GLENDAWAY DR		City NARR	State RI
		Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MARIA D. PEDRO		Contact Title MANAGER	
Street Address 37 GLENDAWAY DR		City NARRAG	State RI
		Zip 02882	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name MARIA D. PEDRO		Manager Name VICTOR M. PEDRO	
Street Address 37 GLENDAWAY DR		Street Address SAME	
City NARR	State RI	City NARRAG	State RI
Zip 02882		Zip 02882	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name MARIA D. PEDRO		Address	
Address 2 BALLOU ST		City CUMB	State RI
		Zip 02864	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

RECEIVED
CORPORATION DIV
SECRETARY OF STATE
2005 SEP 15 PM 1:32

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
 MARIA D. PEDRO 9-15-06
 Print or Type Name of Authorized Person

File Date	FILED
Check No.	SEP 15 2006
By:	By <u>AK 12-1429</u>
FOR SECRETARY OF STATE USE ONLY	



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 101006		2. Exact name of the limited liability company VIMAR L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE TRANSACTIONS.	
5. Principal office address 2 BALLOU ST		City CUMBERLAND	State RI
		Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MARIA D. PEDRO		Contact Title MANAGER	
Street Address 2 BALLOU ST		City CUMBERLAND	State RI
		Zip 02864	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name MARIA D. PEDRO		Manager Name	
Street Address 2 BALLOU ST		Street Address	
City CUMBERLAND	State RI	Zip 02864	
Manager Name VICTOR M. PEDRO		Manager Name	
Street Address 2 BALLOU ST		Street Address	
City CUMBERLAND	State RI	Zip 02864	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name MARIA D. PEDRO		Address	
Address 2 BALLOU STREET		City CUMBERLAND	Zip 02864

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



* 1 0 1 0 0 6 *

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.

File Date 12/9/04
 Check No. 1032
 By: Ms.
 FOR SECRETARY OF STATE USE ONLY

Maria D. Pedro 10-16-04
 Signature of Authorized Person Date
MARIA D. PEDRO
 Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 101006		2. Exact name of the limited liability company VIMAR, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE TRANSACTIONS.	
5. Principal office address 2 BALLOU ST		City CUMBERLAND	State RI
		Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MARIA D. PEDRO		Contact Title MANAGER	
Street Address 2 BALLOU ST		City CUMBERLAND	State RI
		Zip 02864	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name MARIA D. PEDRO		Manager Name VICTOR M. PEDRO	
Street Address 2 BALLOU ST		Street Address 2 BALLOU ST	
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND
			State RI
			Zip 02864
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name MARIA D. PEDRO		Address	
Address 2 BALLOU STREET		City CUMBERLAND	Zip 02864

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



* 1 0 1 0 0 6 *

File Date 11/10/03
Check No. 7451
By: [Signature]
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.

[Signature] 10-17-03
Signature of Authorized Person Date
MARIA D. PEDRO
Print or Type Name of Authorized Person



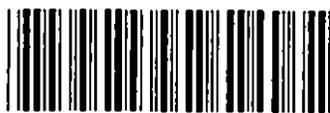
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 101006		2. Exact name of the limited liability company VIMAR, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE TRANSACTIONS.	
5. Principal office address 2 BALLOU ST.		City CUMBERLAND	State RI
		Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MARIA D. PEDRO		Contact Title MANAGER	
Street Address 2 BALLOU ST.		City CUMBERLAND	State RI
		Zip 02864	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name MARIA D. PEDRO		Manager Name VICTOR M. PEDRO	
Street Address 2 BALLOU ST.		Street Address 2 BALLOU ST.	
City CUMBERLAND	State RI	City CUMBERLAND	State RI
Zip 02864		Zip 02864	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name MARIA D. PEDRO		Address	
Address 2 BALLOU STREET		City CUMBERLAND	Zip 02864

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



* 1 0 1 0 0 6 *

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.

File Date	10-24-02
Check No.	652
By:	<i>[Signature]</i>
FOR SECRETARY OF STATE USE ONLY	

[Signature] 10-22-02
Signature of Authorized Person Date
MARIA D. PEDRO
Print or type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 101006

Annual Report for the year 2001

1. The name of the limited liability company is:

VIMAR, L.L.C.

2. The address of the principal office of the limited liability company is:

2 BALLOU ST. CUMBERLAND, RHODE ISLAND 02864

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: MARIA D. PEDRO

2 BALLOU STREET CUMBERLAND RI 02864

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: MARIA D. PEDRO

2 BALLOU ST., CUMBERLAND, RHODE ISLAND 02864

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: REAL ESTATE TRANSACTIONS

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

MARIA D. PEDRO

2 BALLOU ST. CUMBERLAND RI 02864

VICTOR M. PEDRO

2 BALLOU ST. CUMBERLAND RI 02864

Dated 4-26-02

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 0 1 0 0 6

VIMAR, L.L.C.

Exact Name of Limited Liability Company

By: Maria D. Pedro

MANAGER

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>5-16-02</u>
Check No.:	<u>542</u>
By:	<u>[Signature]</u>

Form No. 632
Revised 01/99

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLIC 101006

Annual Report for the year 2000

1. The name of the limited liability company is:

VIMAR, L.L.C.

2. The address of the principal office of the limited liability company is:

2 BALLOU ST. CUMBERLAND, RHODE ISLAND 02864

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: MARIA D. PEDRO

2 BALLOU STREET CUMBERLAND RI 02864

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: MARIA D. PEDRO

2 BALLOU ST., CUMBERLAND, RHODE ISLAND 02864

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: REAL ESTATE TRANSACTIONS

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

MARIA D. PEDRO

2 BALLOU ST. CUMBERLAND R. I. 02864

VICTOR M. PEDRO

2 BALLOU ST. CUMBERLAND R. I. 02864

Dated 10-12-00

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.

VIMAR, L. L. C.

Exact Name of Limited Liability Company

By Maria D. Pedro

MANAGER

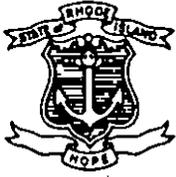
Title



FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-20-00</u>
Check No.:	<u>113</u>
By:	<u>AMF</u>

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 101006

Annual Report for the year 1999

1. The name of the limited liability company is:

VIMAR, L.L.C.

2. The address of the principal office of the limited liability company is:

2 BALLOU ST. CUMBERLAND, RHODE ISLAND 02864

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: MARIA D. PEDRO

2 BALLOU STREET CUMBERLAND, RI 02864

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: MARIA D. PEDRO

2 BALLOU ST. CUMBERLAND RHODE ISLAND 02864

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: REAL ESTATE TRANSACTIONS

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

MARIA D. PEDRO

2 BALLOU ST. CUMBERLAND R.I. 02864

VICTOR M. PEDRO

Dated 9-27-99



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.

VIMAR, L. L. C.

Exact Name of Limited Liability Company

By

Maria D. Pedro

MANAGER

Title

PAID	
FOR SECRETARY OF STATE USE ONLY	
File Date:	NOV 01 1999 <i>KID</i>
Check No.:	SECY OF STATE <i>146</i>
By:	