

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

#### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ZON

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

1. ID No. 11276 //2706 Ruggi	name of the limited liabili	Ty company	<del></del>			
3. State of Formation RHODE ISLAND	eri Family Real Es 4. Brief description of the Real Batate	Brief description of the character of the business which is actually conducted in Rhode Island				
5. Principal office address 160 Wayland Avenue			City Providence	Stare RI	<i>Z</i> φ 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name Richard Ruggieri			OR TITLE OF CONTACT PERS	I ON:	1	
Since Address 160 Wayland Avenue			cny Providence	State RI	<i>Ζψ</i> 02906	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> 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 (2) (2) / 7-16-52						
Manager Name			Manager Name			
Richard Ruggieri		<u> </u>	Bame			
Street Address 160 Wayland Avenue			Street Address			
City Providence	State RI	<i>Σφ</i> 02906	City	State	Zψ	
Manager Name			Manager Name			
Street Address			Street Address			
City State Zip			City	State	Ζφ	
8. RESIDENT AGENT IN RHO	ODE ISLAND - DO N	OT ALTER - Changes	:			
Charles E. Casale, Esq			945 Park Avenue			
Address			Gry Cranston	<i>Σφ</i> 02910		

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

File Date	10/2/06	
Check No.	675	-
Ву:	13	•
4	OR 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 of Authorized Person

Richard Ruggieri

Print or Type Name of Authorized Person

Form 632 Rev. 12/05



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

<i>I. ID No.</i> 112706	2. Exa	PRINTED IN BLACK	liabilty company			
3. State of Formatic	Rugg	gieri Family Rea	Estate LLC			
•		4. Brief description	of the character of the	business which is actually conducte	d in Rhode Island	
RHODE ISLAI		real estate				
Principal office	oddress	<del></del>		City	I Maria	
160 WAYLAND				PROVIDENCE	Siate RI	Zip
6. MAILING A	DDRESS C	OF CIMITED LIV	BILITY COMPA	NY AND NAME OR TITLE		02906-
<i>Contact Name</i> RICHARD RII	GGIERI			Contact Title	OF CONTACT PI	ERSON:
reel Address	GGIERI					
60 WAYLAND	AVENUE			City	State	Zip
_		05 5400 14.00	, <u></u>	PROVIDENCE	RI	[ '
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nager Name				RES FILING OF AMENDMENT.	R.I.G.L 7-16-12 (a) (2)	/ 7-16-52
	GIERI			· Manager Name . same		
eet Address				· Street Address	<del></del>	
0 WAYLAND	AVENUE			4		
NOVIDENCE		State	Zip	*City	State	72:
unager Name		RI	02906	•		Zip
ame		,		Manager Name		
cei Address				same		
				·Sireei Address		
y		State	Zip	City	State	
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RESIDENT AGI	ENT IN RH	ODE ISLAND DO	NOT ALTER- Cha	nges require filing of Fo	rm 642 · R I G : 7	16.11
				Address	Trivia di Principio di	-10-11
HARLES E. C	ASALE, E	<u>sa.</u>		1040 OAKLAWN AV	ENUE	·
/ress			· · · · · · · · · · · · · · · · · · ·	City	Z	ip
<del>_</del>				CRANSTON		02920-
					<del></del>	
report must b	e signed in	n ink by an auth	orized person pu	rsuant 10 7-16-66.		
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81.		- •				
2706 DLLC 0	1/09/04 02	05:35 PM		Under penalty of perju this report, including a and that all statements	ny accompanying sch	m that I have examined nedules and statements, true and correct.
	1/0 <u>9/04 02</u> SEP (	2 2004	0	ints report, including a	ny accompanying sch	icdules and statements



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

Matthew A. Brown, Secretary of State

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

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_

2003

(FORM MUST BE TYPED	OR PRINTED IN BLACK)	* Fung Fee: \$50.00				
1. 1D No 112706	2. Exact name of the limited Ruggieri Family R					
3. State of Formation	4. Brief description	of the character of the husiness t	rhich is actually conducted in Rhoo	de Island		
RHODE ISLAND	Row ESI					
5. Principal office address	11820	412	City	State		
160 (	Wayland Avenue, I	rovidence. RI	Providence	TG	ZIp	
160 Qayland Avenue, Providence, RI  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME  Contact Name  Richard Ruggieri			E OR TITLE OF CONTACT  Contact Title	PERSON:	102906	
Street Address	Wayland Avenue		Gu	State	7/6	
			Providence	State RI	02906	
AN' Manager Name	Y MODIFICATIONS TO	ES BEFORE USING ATTA	BILITY COMPANY, IF APPI ACHMENTS ("X" BOX FO ILING OF AMENDMENT, R. Manager Name	A ATTACUATELY		
Sinvi Address	ard Ruggieri		same			
	Wayland Avenue		Street Address			
c <sub>ity</sub> Provi	Sinic Idence RI	7.ip 0.290.vp	City	State	Zip	
Manager Name Sa	nue .		Manager Name Same			
Street Address			Since Address			
City	State	2.(p	City	State	Zíp	
8. RESIDENT AGENT Agent Name CHARLES E. CASALE,		O NOT ALTER - Changes	: require filing of Form 6: Address	 42 - R.I.G.L. 7-1	6-11	
Address 1040 OAKLAWN AVENU	JE		City CRANSTON		21p 02920-	

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

	* 1 1 2 7 0 6 *	
File Date _	9-22-03	
Check No	114 ( ( ( ( ) )	
Ry:	time	
FO	R SECRETARY OF STATE USE ONLY	

including any	y accom	oanying sche	e and affirm the	at I have e ments, and	xamino I that a	ed this re	cport, nents.
contained he	iem are	True and corr	ect.				

Signature of Authorized Person Date 9/19/03

Ruggieri, Richard J Print or Type Name of Authorized Person



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

FORM MUST BE TY	OF THINIED IN BLA	Ch)				
1. <i>10 No.</i> 112706	2. Exact name of the lin	iited liabilty company				
State of Formation	Ruggieri Family Rea	I Estate LLC				
	4. Brief descrip	tion of the character of the bu	isiness which is actually conducted i	in Rhode Island		<del></del>
RHODE ISLAND						
Principal office add	lress		City	State		To:
160 Wayland	<u>l</u> Avenue		Providence		RI	Zip
MAILING ADD	RESS OF LIMITED	LIABILITY COMPANY	YAND NAME OR TITLE O	25.5045.5	ΚI	02906
Richard	Ruggieri		Contact Title	OF CONTAC	T PERSON:	
reet Address	<del></del>		· · · · · · · · · · · · · · · · · · ·			
160 Wayl	and Avenue		<i>City</i> Providence	State	RI	<sup>Zip</sup> 02906
NAME AND ADI	DRESS OF EACH MAI	NACED OF THE LIME	TED LIABILITY COMPAN		1/ 1	02900
	First News	ANGER OF THE LIMI	TED FIABILITY COMPAN	iy, if appli	CABLE	
	CILL IN SPA	CES BEFORE TISING 45	TTACULARNTO			
		CAS DEFORE USING A	LIACHMENTS ////PD/12/C	OR ATTACHMI	ΕΝΤΩ	
<del></del>		CAS DEFORE USING A	S FILING OF AMENDMENT. R.I	OR ATTACHMI I.G.L 7-16-12 (a	ENT[] a) (2) / 7-16-5	<u> </u>
nager Name	ANY MODIFICATIONS	CAS DEFORE USING A	LIACHMENTS ////PD/12/C	OR ATTACHMI I.G.L 7-16-12 (a	ENT[] a) (2) / 7-16-5	<u> </u>
nager Name Richard Rug		CAS DEFORE USING A	S FILING OF AMENDMENT. R.I	OR ATTACHMI I.G.L 7-16-12 (a	ENT[] a) (2) / 7-16-5	52
nager Name Richard Rug eet Address	ANY MODIFICATIONS	CAS DEFORE USING A	S FILING OF AMENDMENT. R.I	OR ATTACHMI I.G.L 7-16-12 (2	ENT[] 3) (2) / 7-16-5	2
nager Name Richard Rug eel Address 60 Wayland	ANY MODIFICATIONS	TO MANAGERS REQUIRE	S FILING OF AMENDMENT. R.I  Manager Name  Street Address	OR ATTACHMI I.G.L 7-18-12 (2	ENT[] a) (2) / 7-16-5	52
nager Name Richard Rug eer Address 60 Wayland	ANY MODIFICATIONS	TO MANAGERS REQUIRE	S FILING OF AMENDMENT. R.I	OR ATTACHMI I.G.L 7-16-12 (a	ENT[] a) (2) / 7-16-5	Zip
nager Name Richard Rug eet Address 60 Wayland v ovidence	ANY MODIFICATIONS  Gieri  AVenue	TO MANAGERS REQUIRE	SFILING OF AMENDMENT. R.I  Manager Name  Street Address  City	l.G.L 7-18-12 (ε	ENT[] a) (2) / 7-16-5	
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Richard Rug eet Address 60 Wayland Ovidence nager Name	ANY MODIFICATIONS  Gieri  AVenue  State  R I	Zip 02906	SFILING OF AMENDMENT. R.I  Manager Name  Street Address  City  Street Address  City  City  City	State	a) (2) / 7-16-5	
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nager Name Richard Rug eet Address 60 Wayland Ovidence nager Name	ANY MODIFICATIONS  Gieri  AVenue  State  R I	Zip 02906	SFILING OF AMENDMENT. R.I  Manager Name  Street Address  City  Manager Name  Street Address  City  Street Address	State	a) (2) / 7-16-5	Zip
cet Address Ovidence acet Address Ovidence acet Address Cet Address	ANY MODIFICATIONS  Gieri  AVenue  State  RI  State  T IN RHODE ISLAND	Zip 02906	SFILING OF AMENDMENT. R.I  Manager Name  Street Address  City  Street Address  City  City  City	State	a) (2) / 7-16-5	Zip
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Richard Rug Richard Rug Rect Address 160 Wayland OVidence Imager Name RESIDENT AGEN IN Name HARLES E. CASALE	ANY MODIFICATIONS  Gieri  AVenue  State  R I  T IN RHODE ISLAND  E, ESQ.	Zip 02906	SFILING OF AMENDMENT. R.I  Manager Name  Street Address  City  Street Address  City  City	State	a) (2) / 7-16-5	Zip
Richard Rug reet Address 160 Wayland rovidence anager Name	ANY MODIFICATIONS  Gieri  AVenue  State  R I  T IN RHODE ISLAND  E, ESQ.	Zip 02906	SFILING OF AMENDMENT. R.I  Manager Name  Street Address  City  Street Address  City  Address	State	a) (2) / 7-16-5	Ζίρ

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

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File Date	10.11-02
Check No.	136
B <u>y:</u>	de
FOR SECRETAI	RY 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.

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Signature of Authorized Person	Date	
^		

RICHARD J. RUGGIERI, MD

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

#### LIMITED LIABILITY COMPANY

	Com Mai
ID Number DLLC 112706	Annual Report for the year
1. The name of the limited liability comp	any is:
Ruggieri Family Real Est	tate. LLC
2. The address of the principal office of t	he limited liability company is:
Her wayand ben	
3. The state or other jurisdiction under th	
	agentis: <u>Charles E Casale, Esq.</u>
1040 Oaklawn, Avenue, Cra	
5. The current mailing address of the	limited liability company and the name or title of
communications may be directed are:	Bichard Ruggieri, Manager, 160
Wayland Avenue,	Providence, RI 02906
6. A brief statement of the character of the state. Real Estate	he business in which the limited liability company is actually engaged in this
7. If the limited liability company has mana	agers, list the name and address of each manager:
Name	Address
Bichard Ruggier:	
Date: 6-27-02	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.  Buggieri Famly Real FSTATE 11 ()
FILED	Exact Name of Limited Liability Company
JUN 2 8 2002	ByCharles & Casalo, Ess
Bylon 265	Ceclust
Form No. 632 Revised: 01/99	Tille