



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 82906		2. Exact name of the limited liability company Vollucci Family LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING.			
5. Principal office address 51 Jefferson Boulevard, Ste 400		City Warwick	State RI	Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Matthew L. Vollucci, Jr.			Contact Title Member		
Street Address 51 Jefferson Boulevard, Ste 400		City Warwick	State RI	Zip 02888	
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			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
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 MATTHEW L. VOLLUCCI, JR.			Address		
Address 51 JEFFERSON BOULEVARD, SUITE 400			City WARWICK	Zip 02888	

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



File Date	9/19/05	*82906*
Check No.	7782	
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] 9/15/05
Signature of Authorized Person Date
Matthew L. Vollucci, Jr.
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

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100 North Main Street
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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. 82906		2. Exact name of the limited liability company Vollucci Family LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING.	
5. Principal office address 51 Jefferson Blvd, Suite 400		City Warwick	State RI
		Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Matthew L. Vollucci, Jr.		Contact Title Member	
Street Address 51 Jefferson Blvd, Suite 400		City Warwick	State RI
		Zip 02888	
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		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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 MATTHEW L. VOLLUCCI, JR.		Address	
Address 51 JEFFERSON BOULEVARD, SUITE 400		City WARWICK	Zip 02888

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



* 8 2 9 0 6 *

File Date	9/23/04
Check No.	7247
By:	DA
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 of Authorized Person Date

Print or Type Name of Authorized Person



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 82906		2. Exact name of the limited liability company Vollucci Family LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING.			
5. Principal office address 51 Jefferson Boulevard, Ste 400		City Warwick		State RI	Zip 02888
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Matthew L. Vollucci, Jr			Contact Title Member		
Street Address 51 Jefferson Boulevard, Ste 400		City Warwick		State RI	Zip 02888
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			Manager Name		
Street Address			Street Address		
City		State	City		State
Zip		City		State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City		State	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 MATTHEW L. VOLLUCCI, JR.			Address		
Address 51 JEFFERSON BOULEVARD, SUITE 400			City WARWICK		Zip 02888

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



* 8 2 9 0 6 *

FILED

File Date

OCT 09 2003

Check No.

By: Matthew L. Vollucci, Jr

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.

Matthew L. Vollucci, Jr 9/10/03
Signature of Authorized Person Date

Matthew L. Vollucci, Jr
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. 82906		2. Exact name of the limited liability company Vollucci Family LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING.	
5. Principal office address 51 Jefferson Boulevard Suite 400		City Warwick	State RI
		Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Matthew L. Vollucci, Jr.		Contact Title Member	
Street Address 51 Jefferson Boulevard Suite 400		City Warwick	State RI
		Zip 02888	
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		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
State			*State
Zip			*Zip
*Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
State			*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 MATTHEW L. VOLLUCCI, JR.		Address	
Address 51 JEFFERSON BOULEVARD, SUITE 400		City WARWICK	Zip 02888

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



* 8 2 9 0 6 *

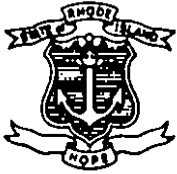
File Date	10.18.02
Check No.	6101
By:	de
FOR SECRETARY OF STATE USE ONLY	

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.

Matthew L. Vollucci, Jr.
Signature of Authorized Person
9/5/2002
Date
Matthew L. Vollucci, Jr.
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 82906

Annual Report for the year 2001

1. The name of the limited liability company is:

Vollucci Family LLC

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

51 JEFFERSON BLVD SUITE 400 WARWICK RI 02888

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: MATTHEW L. VOLLUCCI, JR.

51 JEFFERSON BOULEVARD, SUITE 400 WARWICK RI 02888

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: MATTHEW L VOLLUCCI JR

51 JEFFERSON BLVD SUITE 400 WARWICK RI 02888

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

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

Name	Address

Dated

8/24/2001



8 2 9 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.

Vollucci Family LLC

Exact Name of Limited Liability Company

By

[Signature]

MEMBER

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

8-12-01

Check No.:

5390

By:

[Signature]

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 DLLC 82906

Annual Report for the year 2000

1. The name of the limited liability company is:

Vollucci Family LLC

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

51 Jefferson Boulevard, Suite 400, Warwick, RI 02888

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: MATTHEW L. VOLLUCCI, JR.

51 JEFFERSON BOULEVARD, SUITE 400 WARWICK RI 02888

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: Matthew L. Vollucci, Jr., 51 Jefferson Blvd,

Suite 400, Warwick, RI 02888

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate Holding Company

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

Name

Address

Dated 9/18/00



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.

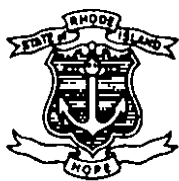
Vollucci Family LLC
Exact Name of Limited Liability Company

By [Signature]
Managing Member
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-23-00</u>
Check No.:	<u>4788</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 82906

Annual Report for the year 1999

1. The name of the limited liability company is:

Voliucci Family LLC

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

51 Jefferson Boulevard, Suite 400, Warwick, RI 02888

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: MATTHEW L. VOLLUCCI, JR.

51 JEFFERSON BOULEVARD, SUITE 400 WARWICK, RI 02888

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: Matthew L. Vollucci, Jr., 51 Jefferson Blvd,

Suite 400, Warwick, RI 02888

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate Holding Company

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

Name

Address

Dated 10/29/99



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.

Vollucci Family LLC
Exact Name of Limited Liability Company

By

[Signature]
Managing Member
Title

FOR SECRETARY OF STATE USE ONLY

File Date:

PAID

Check No.:

NOV 01 1999

By:

SECY OF STATE

Form No. 632
Revised 01/99

**To be filed annually between
September 1 and November 1**



Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

SEP 10 ENT'D

ID Number LL 82906

Annual Report for the year 1998

- Vollucci Family LLC**

- 51 Jefferson Boulevard, Suite 400, Warwick, RI 02888

4. The name and address of its resident agent is: MATTHEW L. VOLLUCCI, JR.

51 JEFFERSON BOULEVARD, SUITE 400 WARWICK, RI 02888

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: Matthew L. Vollucci, Jr.; 51 Jefferson Boulevard, Suite 400
Warwick, RI 02888

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate holding company

- 7. If the limited liability company has managers, the name and address of each manager of the limited liability company**
- | <i>Name</i> | <i>Address</i> |
|-------------|----------------|
|-------------|----------------|

Dated September 1, 1998



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.

Vollucci Family LLC

Exact Name of Limited Liability Company

By

Title

Form No. LLC-19

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

ID Number 0082906

Annual Report for the year 1997

1. The name of the limited liability company is:

Gaines & Vollucci LLC

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

51 Jefferson Boulevard, Suite 400, Warwick, RI 02888

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: Matthew L. Vollucci, Jr.

51 Jefferson Boulevard, Suite 400, Warwick, RI 02888

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: Matthew L. Vollucci, Jr., 51 Jefferson Boulevard, Suite 400

Warwick, RI 02888

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate holding company

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

Name

Address

Dated 9/17, 1997

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.

FILED

NOV 10 1997

CC #63

By 145173

Gaines & Vollucci LLC

Exact Name of Limited Liability Company

By

President

Title

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
Corporation Division
100 North Main Street
Providence, RI 02903-1335

LIMITED LIABILITY COMPANY

LLC I.D.# 82906

Annual Report for the year 1996

FIRST: The name of the limited liability company is: ~~Gaines & Vollucci LLC~~ Gaines & Vollucci LLC

SECOND: The address of the principal office of the limited liability company is:

51 Jefferson Boulevard, Suite 400, Warwick, RI 02888

THIRD: The state or other jurisdiction under the laws of which it is formed is: Rhode Island

FOURTH: The name and address of its resident agent is:

Peter M. Gaines

51 Jefferson Boulevard, Suite 400, Warwick, RI 02888

FIFTH: The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

Peter M. Gaines, 51 Jefferson Boulevard, Suite 400, Warwick, RI 02888

SIXTH: A brief statement of the character of the business in which the corporation is actually engaged in this state:

Real estate holding company

Dated August 21, 1996

Gaines & Vollucci LLC

Exact Name of Limited Liability Company

File Date:

9/5/96

Check No:

2754

By:

KID

For Secretary of State Use Only

*By

Peter M. Gaines

*To be signed in the manner required by the home state.

Title

Resident Agent