

#### 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

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

401.222.3040 2005

Filing Period: Septen (FORM MUST BE TYPED			Filing Fee: \$50.00			-		
1. ID No.		time of the limited Hability company						
82906		Family LLC						
3. State of Formation			chanacter of the buckyer whi	ch is actually conducted in Rhode Islan				
RHODE ISLAND		REAL ESTATE HOL		сп в асшану сопанска т къпае isian	a			
5. Principal office address		J 1	161 / 12	City	State		Ζψ	
1,5/Jerte	500	<i>D</i> oulevar	[d, )+e,400.	1 Warwick	J . <i>[</i> -	<u> ۲۱</u>	05988	
6. MAILING ADDRE	SS OF LIM	ITED LIABILITY C	COMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:			
Contact Name.	wh	Volluce	Ja	Contact Title Member				
Sirect Address	`	72 1.	15/100	City	State	1	ZÝ ハつじのひ	
51 Jet	ersc	>n) Double	ard, Jeylu	Warwick		1	8000	
7. NAME AND ADDE	RESS OF E	ACH MANAGER O	f the Limited liabi	LITY COMPANY, IF APPLICAB				
ANT	Z MODIEL	FILL IN SPACES 1	BEFORE USING ATTAC	HMENTS ("X" BOX FOR AT	TACHMENT,			
Manager Name	WODIFI	CATIONS TO MAIN	AGERS REQUIRES FIL	LING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52				
manager name				Manager Name				
Canada dadanan				<u> </u>				
Sircel Address				Street Address				
Ciry.	Si	ale	7.φ	City	State	•	Zip	
Manager Name		•••••••••••••••••••••••••	••••••	Manager Name				
Sirect Address	-			Street Address				
City	Sr	ale	Zip	City	State		Zip	
9 DECIDENT ACENT	1 PROT	NEGICIAND DON	OT ALTER - 65		<u>                                     </u>	احسبب		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Change: Agent Name				Address				
•				nuurcas				
MATTHEW L. VOLLUC	CI, JR.		· · · · · · · · · · · · · · · · · · ·					
Address				City Zip		Zip		
51 JEFFERSON BOULEVARD, SUITE 400				WARWICK		02888		
							<del></del>	

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

File Date	9/19/2	*82906*
Check No.	7782	
Ву:	DM)	
	FOR SECRETARY OF STATE	USE ONLY

Under penalty of perjury, I declare and affirm that I have ex	
including any accompanying schedules and statements, and contained herein are true and correct.	that all statements
l de de de concernante de la concernate de la conc	. 1
August 1 del 18 - 1	1 /25/
Mari ( ) Ingel 4/	15/05
lignature of Authorized Person Date	/
Marther L. Vollegi	Tr
Print or Type Name of Authorized Person	<del>, \</del>



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

401.222.3040

#### 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_ Filing Period: September 1 - November 1 • Filing Fee: \$50,00

(FORM MUST BE TYPED)			riung rec: \$50.00						
1. II) No. <b>8290</b> 6	Volluco	i Family LLC	me of the limited Itability company  Family LLC						
3. State of Formation RHODE ISLAND		4. Brief description of the REAL ESTATE HC		ich is actually conducted in Rhode Islan	nd .				
5. Principal office address 51 Jefferson Blvd, Suite 400 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAM CONTACT Name				State  City  State  R 1  0  888  SE OR TITLE OF CONTACT PERSON:					
mosthew		Yollver,	Jr.	Member			<u> </u>		
Sireci Address 51 JeHerso 7. NAME AND ADDR		FILL IN SPACES	BEFORE USING ATTAC	City  LITY COMPANY, IF APPLICATE  CHMENTS ("X" BOX FOR AT  ING OF AMENDMENT, R.I.G.1	TACHMENT.	) [] ) (2) / 7-16	200   000   000		
Manager Name				Manager Name					
Street Address				Sirvei Address					
City		State	Zip	City	State		Zip		
Manager Name	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••	······································	Manager Name					
Street Address				Sircei Address					
City	S	State	Zip	City	State		Zip		
8. RESIDENT AGENT Agent Name MATTHEW L. VOLLUC		DE ISLAND - DO N	ROT ALTER - Changes	require filing of Form 642 - Address	R.f.G.L. 7-1	6-11			
Address 51 JEFFERSON BOULEVARD, SUITE 400				City WARWICK	7.φ 02888				

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



File Date	9/23/04
Check No.	7247
Ву:	0A
F	OR SECRETARY OF STATE USE ONLY

inder penalty of perjury, I declare and affirm that I have examined this report cluding any accompanying schedules and statements, and that all statements
ontained herein are true and correct.
MINISTER
anature of Authorized Person Date
rint 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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Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2003

Filing Period: Septem (FORM MUST BE TYPED C		• Filing Fee: \$	550.00	· · · · · ·					
1. ID No	<u> </u>	ct name of the limited liability company							
82906	_	ollucci Famity LLC							
3. State of Formation	4. Brief descripite	on of the character of the	husiness which is actually conducted in	Rhode Island	<del>.</del>				
RHODE ISLAND	REAL ESTAT	TE HOLDING.							
5. Principal office address			City	State	Zip				
51 Jetter	son Koule	vard, Ste4	00 Warwin	dc   171	D2888				
6. MAILING ADDRES	SS OF LIMITED LIABI	LITY COMPANY A		ACT PERSON:					
Contact Name	1 \ / 11	٠	Contact Title						
1 100 Men		حكيكاحـــ	<u> </u>	Der					
Since Address	Son Boll	lexacd. Ste	Has Carry	rk SIMER (	2886				
7. NAME AND ADDR	LESS OF EACH MANA	GER OF THE LIMIT	TED LIABILITY COMPANY, IF	APPLICABLE	1				
4 2 2 2			NG ATTACHMENTS ("X" 80	X FOR ATTACHMENT)					
•	MODIFICATIONS TO	MANAGERS REQ	UIRES FILING OF AMENDMEN :	LING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name	•	•	Manager Name -						
	<u> </u>								
Street Address			Street Address		, <u>,                                   </u>				
	<del></del>	<del></del>		<u> </u>					
City	State	Zip	City	State	Zip				
			······						
Manager Name			Manager Name						
Sircet Address		<u> </u>	Street Address	Street Address					
			,						
City	State	Zip	City	State	Zip				
P DECIDENT ACENT		,   	· · · · · ·	1					
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11  Agent Name  Address									
MATTHEW L. VOLLUCCI, JR.									
<del></del>				<del></del>					
Address 51 JEFFERSON BOULE	EVADO CUITE 400		City:	7.ip					
TI VEFFERSON BOOLE	TANKU, SUITE 400		WARWICK	C288	18 				
			•						

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

*	8	2	9		*

File Date	FILED
Check No.	OCT 0 9 2003
Ву:	By 5 Cam
ı	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.
10/03
Signature of Mathorized Person Date
Mothew L. Vollera Jr
Print or Type Name of Authorized Person

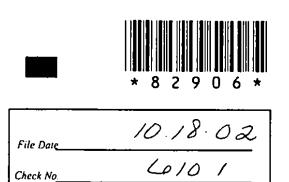


Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

•			• Filing Fee: \$50.00						
(FORM MUST BE TYPE									
I, ID No.		•	ame of the limited liabilty company						
82906	Volluc	lucci Family LLC							
3. State of Formation		, ,	on of the character of the busin	ess which is actually conduct	ed in Rhode Island				
RHODE ISLAND		REAL ESTAT	E HOLDING.						
5. Principal office addre	<b>.</b> 55			City	State	Zip			
51 Jeffer	5000 I	Boulevar	d Suite 400	Warwich	c TKI	8880			
6. MAILING ADDI	RESS O	F LIMITED I	IABILITY COMPANY		E OF CONTACT P	ERSON:			
Contact Name	1	1.		Contact Title					
Matthew	<u> </u>	<u>Yallucci</u>	$\mathcal{L}_{\mathcal{L}}$	· Membe	<u></u>				
Street Address				City	State	Zip			
51 Jetters	<u> </u>	Soulevac	<u>d Suite 400</u>	·Warusid	K BI	- 888col			
7. NAME AND ADD	RESS O	F EACH MAI	NAGER OF THE LIMIT	ED LIABILITY COMP	ANY, IF APPLICA	BLE .			
			CES BEFORE USING ATT		X FOR ATTACHMENT				
- <del>-</del>	ANY MO	DIFICATIONS	O MANAGERS REQUIRES	FILING OF AMENDMENT.	R.I.G.L 7-16-12 (a) (2	) / 7-16-52			
Manager Name				• Manager Name	• Manager Name				
				•	•				
Street Address				*Street Address	* Street Address				
				•					
City		State	Zip	*City	State	Zip			
					]				
Munager Name				*Manager Name					
<u> </u>			- <del></del>	•					
Street Address				•Sireei Address					
City		State	12:-	City	Te	17/11			
City		Sidit	Zip	•	State	Zip			
8 DESIDENT ACEN	T IN DU	ODE ISLAND	OO NOT ALTER Chara	an annulus fillusi af l					
Agent Name	I IIV KE	IODE ISLAMI	-DO NOT ALTER- Chang	Address	Form 642 - R.I.G.L.	. 7-16-11			
				7007633					
MATTHEW L. VOLLU	JCI, JR.		··	16:	<del> </del>	Ter			
Address				1 '	City				
51 JEFFERSON BOULEVARD, SUITE 400				WARWICK 02888					

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



FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person

Form 632 Rev. 6/02

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

Filing`Fee: \$50.00

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

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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 compa	any is:
	Vollucci Family LLC	
2.	The address of the principal office of to 51 JEHUSON BLVD	he limited liability company is: SUITE 400 WARWICK RT OSBYS
3.	The state or other jurisdiction under the	e 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, SUIT	E 400 WARWICK RI 02888
5.	may be directed are:	ited liability company and the name or title of a person to whom communications  U L VO WCC L  SUITE 400 WARWICK RT 03888
6.	0	the business in which the limited liability company is actually engaged in this AND OTHER THUESTMENTS
7.	If the limited liability company has mar Name	nagers, the name and address of each manager of the limited liability company  Address
File	FOR SECRETARY OF STATE USE ONLY Date: (7-12) - () / (ck No.: 5390	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.    Luce   Amil   Company
Ву:	2.	Form No. 632 Revised 01/99

DETACH BOTTOM BEFORE including navment is

Filing Fee: \$50.00

By:

# To be filed annually between September 1 and November 1

Revised 01/99



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 nan	ne of the limited liability c	ompany is:
	Vollucci	Family LLC	
2.	The add	ress of the principal offic	e of the limited liability company is:
	<u> 51 -</u>	Jefferson Bo	plevard, Spite 400, Warwick, R100888
3.	The stat	e or other jurisdiction und	ler the laws of which it is formed is RHODE ISLAND
4.	The nam	ne and address of its resi	dent agent is: MATTHEW L. VOLLUCCI, JR.
	51 JEFI	FERSON BOULEVARD,	SUITE 400 WARWICK RI 02888
5.	The curr	rent mailing address of th	e limited liability company and the name or title of a person to whom communications
	may be	directed are: May	hew L. Volluci, Jr., 51 Jefferson Blvd,
	50	He. 400, W	acusick, RI 02888
6.	A brief s	statement of the charact	er of the business in which the limited liability company is actually engaged in this
	state:	Real Esta	ete Holding Company
7.	If the lim	nited liability company had <i>Name</i>	s managers, the name and address of each manager of the limited liability company  Address
Da	ted 9	lisloo	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.
		8 2 9 0 6	Exact Name of Limited Liability Company
	<del></del>	·	
		STARY OF STATE USE ONLY  0-23-00	By Call That
		4788	Managing Member
	А	, , , , , ,	Form No. 632



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:				
	Vollucci Family LLC				
2.	The address of the principal office of the limited liability company is:				
	51 Jefferson Boulevard, Suite 400, Warwick, B102888				
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 Volluci Tr. 51 Jefferson Blvd,				
	Suite 400, Warunck RI 02888				
6.					
7.	If the limited liability company has managers, the name and address of each manager of the limited liability company  Name  Address				
File Chec	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.  YOLLCO, Family Company  Exact Name of Limited Mabiky Company  By  By  Rich No.: NOV 0 1 1999  Form No. 632				
3y:	SEC'Y OF STATE  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

SEP 1 0 ENTID

Form No. LLC-19

LIMITED LIABILITY COMPANY				
ID	Number LL 82906	Annual Report for the year 1998		
1.	The name of the limited liability company	y is:		
	Vollucci Family LLC	· · · · · · · · · · · · · · · · · · ·		
2.	The address of the principal office of the	e limited liability company is:		
	51 Jefferson Boulevard, Suite	e 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 ag	gent 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		
6.	Warwick, RI 02888	Matthew L. Vollucci, Jr.; 51 Jefferson Boulevard, Suite 400 ne business in which the limited liability company is actually engaged in this pany		
7.	If the limited liability company has mana Name	agers, the name and address of each manager of the limited liability company  **Address**  Address**		
Da	September 1 , 19 98	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		
	FOR SECRETARY OF STATE USE ONLY Date: (0 · 1 (0 c 9 5)  cck No.: 3(044)	By By		
Ву:	11.0	MANACING MEMBER		



# 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.		ne of the limited liability compa	iny is:				
	Gain	es & Vollucci LLC					
2.	The address of the principal office of the limited liability company is:  51 Jefferson Boulevard, Suite 400, Warwick, RI 02888						
3.			e laws of which it is formed is: Rhode Island				
4.	The nan	ne and address of its resident a	agentis: <u>Matthew L. Vollucci, Jr.</u>				
	51 .	Jefferson Boulevard, Su	ite 400, Warwick, RI 02888				
5.	The cu	rrent mailing address of the	Matthew L. Vollucci, Jr., 51 Jefferson Boul	person to whom evard, Suite 400			
	W <u>a</u>	rwick, RI 02888					
6. A brief statement of the character of the business in which the limited liability company is actually e				ly engaged in this			
	_	state: Real estate holding company					
7.	If the I		managers, the name and address of each manager of t  Address	ne mined habity			
D	ated	<b>9/17</b> 19 <u>97</u>	Under penalty of perjury, I declare and affirm that I h report, including any accompanying schedules and that all statements contained herein are true and corre	d Statements, and			
		FILED	Gaines & Vollucci LLC  Exact Name of Limited Liability Company				
		OC#43 By 145173	By President				
	orm No. LLC evised 8/97		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 & Volucci 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 communications may be directed are:  Peter M. Gaines, 51 Jefferson Boulevard, Suite 400, Warwick, RI 92888  SIXTH: A brief statement of the character of the business in which the corporation is actually engaged in this state Real estate holding company			
_ Ans	rust 21 96 Gaines & Vollucci LLC			
Dated	Exact Name of Limited Liability Company			
File Date:	9/5/9/2			

FORM LLC-19 7/95