

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) LIDAN 2. Exact name of the limited liability company 84207 ROCCO SAMMARTINO BUILDERS, LLC 3. State of Formation 4. Brief description of the character of the hustness which is actually conducted in Rhode Island RESIDENTIAL HOME CONSTRUCTION. RHODE ISLAND 5. Principal office address 56 Einch Lane North Kingstown - 02874 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Rocco M. Sammartino Managing Member Street Address State *7.*(p 56 Finch Lane :North_Kings.town .. RI_. 02874 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 Manager Name Rocco M. Sammartino Lori-Jean Sammartino Street Address Street Address 56 Finch Lane 56 Finch Lane State No Kingstown / RI 02874 No. Kingstown L RI 1.028.74 Manager Name Manager Name Sirect Address Street Address Cir State ZФ 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 Address EDWARD H. TORGEN ESQ. Ζφ 7395 POST ROAD NORTH KINGSTOWN 02852

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

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File Date 9/13/05 *84207*
Check No
By:
FOR SECRETARY OF STATE USE ONLY

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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

Rocco M. Sammartino, Managing Member.
Print or Type Name of Authorized Person

Form 632 Rev. 7/03



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 ______ 2004

84207 ROCC 3. State of Formation	i name of the limited i	lability company							
3. State of Formation									
3. State of Formation	O SAMMARTINO	BUILDERS LLC							
			ss which is actually conducted in Rhode Isla	nd .		<u> </u>			
RHODE ISLAND	RESIDENTIAL	HOME CONSTRUCTION	N.						
5. Principal office address 56 Finch Lane			Guy North Kingstown	1 - 3					
	IMPTED HARRIN	TV COMPANY AND N	AME OR TITLE OF CONTACT PER			02874			
Contact Name		II COMINIAI AND II.	Goniaci Tille	SUN:					
Rocco M. Samm	artino		Managing Member						
56 Finch Lane	1		North Kingstown	State R	I	Zip 02874			
7. NAME AND ADDRESS OF	F EACH MANAGE	R OF THE LIMITED I	IABILITY COMPANY, IF APPLICA	l,, Bit		I			
, male mo need of		CES BEFORE USING A			пП				
ANY MODI			FILING OF AMENDMENT, R.I.G.	I 7-16-12 (a) (2) / 7-16	-52			
Manager Name			Manager Nume						
Rocco M. Sammartino			Lori-Jean Sammartino						
Street Address			Street Address	Street Address					
56 Finch Lane	<u>!</u>		56 Finch Lane	_ 56 Finch Lane					
No. Kingstown	State RI	71p 02874	c _{ily} No. Kingstown	State RI		21p 02874			
Manager Name	.		Manager Name						
,									
Street Address		<u> </u>	Street Address						
Clty·	State	Zip	City	State		Zφ			
S DECIDENT ACENT IN DU) ODE ISLANDÉ D	 		1					
Agent Name	ODE ISLAND - E	O NOI ALTER - Chan	ages require filing of Form 642 - Address	R.I.G.L. 7-16	6-11				
FDWARÓH TORGEN FSO									
Address	-		City		Zip				
7395 POST ROAD	<u> </u>		NORTH KINGSTOWN						

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

	* 8 4 2 0 7 *
File Date	9/14/04
Check No	9895
Ву:	DA
FOR S	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

9/12/04 Date

Rocco M. Sammartino, Managing Member

Print or Type Name of Authorized Person



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

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

Matthew A. Brown, Secretary of State

LIMITED LIABILITY	COMPANY	ANNUAL	REPORT F	OR THE YEAR	

2003

Filing Period: Septen	iber 1	November 1 •	Filing Fee: \$50.00						
(FORM MUST BE TYPED	OR PRINT	TED IN BIACK)							
1. ID Na.	2. Exact	name of the limit <mark>ed liabilit</mark>	у сотрану						
84207		ROCCO SAMMARTINO	BUILDERS, LLC						
3. State of Formation		4. Brief description of the	character of the business whic	ch is actually conducted in Rhode Island	d				
RHODE ISLAND		RESIDENTIAL HOM	IE CONSTRUCTION,						
5 Principal office address		<u> </u>	*,	City	State		Zip		
50 Finch L	56 Finch Lane				R	I	02874		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:									
Contact Name Contact Title									
Rocco M. S	ammai	rtino		Managing Member					
Street Address			-	City	State		Zip		
56 Finch L	ane			North Kingstown	RI		02874		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE									
				HMENTS ("X" BOX FOR AT					
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52									
Manager Name				Manager Name					
Rocco M. S	ammar	ctino		Lori-Jean Sammartino					
Street Address			-	Street Address					
56 Finch L	ane			56 Finch Lane					
City		State	Zip	City	State		Zip		
North King	stown	RI	02874	North Kingstown	RI		02874		
Manager Name				Manager Name					
<u> </u>									
Street Address				Street Address					
			I		T .		,		
City		State	Zip	City	State		Zφ		
A RESIDENT AGENT	T IN RH	I Ode island . Do n	OT ALTER . Changes	: require filing of Form 642 - 1	 Pici 7 1:	6.11	l		
Agent Name			or action - changes	Address	K.I.G.L. /-1	0.11			
EDWARD H. TORGEN	FSQ.								
Address				Chr		***			
7395 POST ROAD				City NODTH KINGSTOWN	Zip				
1333 FOST ROAD				NORTH KINGSTOWN		02852			

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

*	8	4	_	0	7	*

File Date	9-24-03						
Check No.	9058						
Ву:	<u>a</u>						
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

Rocco M. Sammartino, Managing Member 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 Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. ID No. 2. Exact name of the limited liabilty company 84207 **ROCCO SAMMARTINO BUILDERS, LLC** 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation RESIDENTIAL HOME CONSTRUCTION. **RHODE ISLAND** State 5. Principal office address 02874 RI 56 Finch Lane North Kingstown 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Title Contact Name Rocco M. Sammartino. Managing Member City Street Address 56 Finch Lane State North Kingstown RI 02874 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 Manager Name Rocco M. Sammartino Lori-Jean Sammartino Street Address Street Address 56 Finch Lane 56 Finch Lane State City City No. Kingstown RI02874 No. Kingstown RI 02874... 'Manager Name Manager Name Street Address Street Address State 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 Address EDWARD H. TORGEN ESQ. Zip Address **NORTH KINGSTOWN** 02852 7395 POST ROAD

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



File Date 9-4-02

Check No. 8372

By:
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

Print or Type Name of Authorized Person



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 84207	Annual Report for the year 2001
1.	The name of the limited liability company	y is:
	ROCCO SAMMARTINO BUILDERS, LL	.c
2.	The address of the principal office of the 56 Finch Lane, North King	
3.		laws of which it is formed is RHODE ISLAND
4.	gent is: EDWARD H. TORGEN ESQ.	
	7395 POST ROAD NORTH KINGSTOV	WN RI 02852
5.	may be directed are: Rocco M. S	ed liability company and the name or title of a person to whom communications Sammartino, Managing Member, 56 Finch
6.	Lane, North Kingstown, Ri A brief statement of the character of the state: residential home cor	he business in which the limited liability company is actually engaged in this
7.	If the limited liability company has mana Name	igers, the name and address of each manager of the limited liability company Address
	Rocco M. Sammartino	56 Finch Lane, North Kingstown, RI 02874
	Lori-Jean Sammartino	56 Finch Lane, North Kingstown, RT 02874
Da	sted <u>September 4, 2001</u> 8 4 2 0 7	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. ROCCO SAMMARTINO BUILDERS, LLC Exact Name of Limited Liability Company
	FOR SECRETARY OF STATE USE ONLY Date: 7-11-01	By Managing Member Title
By:	3	Form No. 632 Revised 01/99

DETACH BOTTOM BEFORE RETURNING

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	84207

By:

Annual Report for the year 2000

ID	Number DLLC 84207	Annual Report for the year 2000					
1.	The name of the limited liability compa	ny is:					
	ROCCO SAMMARTINO BUILDERS, I	LC					
2.	The address of the principal office of the	ne limited liability company is:					
	56 Finch Lane, North Kir	ngstown, RI 02874					
3.	The state or other jurisdiction under th	e laws of which it is formed is RHODE ISLAND					
4. The name and address of its resident agent is: EDWARD H. TORGEN ESQ.							
7395 POST ROAD NORTH KINGSTOWN RI 02852							
5.	The current mailing address of the lim	ited liability company and the name or title of a person to whom communications					
•		Sammartino, Managing Member, 56 Finch					
	Lane, North Kingstown,	RI 02874					
6.	A brief statement of the character of	the business in which the limited liability company is actually engaged in this					
	state: residential home o	onstruction					
7.	If the limited liability company has ma	nagers, the name and address of each manager of the limited liability company					
	Rocco M. Sammartino	56 Finch Lane, North Kingstown, RI 02852					
	Lori-Jean Sammartino	56 Finch Lane, North Kingstown, RI 02852					
		<u> </u>					
	FOR SECRETARY OF STATE USB ONLY be Date: 9-60	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. ROCCO SAMMARTINO BUILDERS, LLC Exact Name of Limited Liability Company					
	eck No.: 6498	Managing Member Title					
		Form No. 632					

Filing Fee: \$50.00

By:

To be filed annually between September 1 and November 1

Form No. 632 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

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D	Number <u>LL 102120</u>	Annual Report for the year 1999				
1.	The name of the limited liability compa	ny is:				
	Rocco Sammartino Holdings, LLC					
2.	The address of the principal office of the	ne limited liability company is:				
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: MAL A. SALVADORE, ESQ.				
	400 RESERVOIR AVENUE, SUITE 3	PROVIDENCE, RI 02907				
5.		ited liability company and the name or title of a person to whom communications				
may be directed are: <u>56 Finch Lane, North Kingstown, RI 02874</u> ATTN: Rocco M. Sammartino 6. A brief statement of the character of the business in which the limited liability company is actually engaged in						
	state: Real estate invest	ment and development				
7.	If the limited liability company has man	nagers, the name and address of each manager of the limited liability company Address				
	Rocco M. Sammartino	56 Finch Lane, North Kingstown, RI 02874				
Da	* 1 0 2 1 2 0 *	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. Rocco M. Sammartino Holdings, LLC Exact Name of Limited Liability Company				
File	FOR SECRETARY OF STATE USE ONLY to Date: 9-48-99	By Jung At a				
	eck No.: 5818	Manager				

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 <u>LL 84207</u>				Annual I	Report for	the year 1999			
1.	1. The name of the limited liability company is: ROCCO SAMMARTING BUILDERS, LLC									
2.	The address of the principal office of the limited liability company is: 56 Finch Lane, North Kingstown, RI 02874									
3. 4.										
5.	The current mailing address of the limit may be directed are: Rocco M. S. Lane, North Kingstown,	amma		no, Mana					ommunications	
6.	A brief statement of the character of state: residential home co				the limit	ted liability	company is actu	ally e	ingaged in this	
7.	If the limited liability company has mana	agers	, the n	ame and	address o		inager of the limit Address	ed !iab		
	Rocco M. Sammartino Lori-Jean Sammartino	_ _			<u>-</u>		Kingstown, Kingstown,		02874	
Da	ted August 30, 1999 * 8 4 2 0 7 *		report that al	, includin I statemei CCO SAI	ig any lao nts contai	ccompanyi ned hereir NO BUI	and affirm that I ing schedules and are true and correct LDERS, LLC d Liability Company	ind sta rect.		
	FOR SECRETARY OF STATE USE ONLY Date: 9-17-99		ву <u>С</u>	Managi	Mem	ber Title	>		orm 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 <u>LL 84207</u>	Annual Report for the year 1998			
1.	The name of the limited liability compa	any is:			
	ROCCO SAMMARTINO BUILDERS,	LTC			
2.	The address of the principal office of the limited liability company is: 56 Finch Lane, North Kingstown, RI 02874				
	56 Finch Lane , North King	gstown, RI 02874			
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: EDWARD H. TORGEN ESQ.			
	7395 POST ROAD NORTH KINGST	OWN, RI 02852			
5.	The current mailing address of th	e limited liability company and the name or title of a person to whom			
	communications may be directed are: Rocco M. Sammartino, Managing Member,				
	56 Finch Lane, Morth				
6.		the business in which the limited liability company is actually engaged in this			
u.	state: residential home				
7.	If the limited liability company has ma Name	nagers, the name and address of each manager of the limited liability company Address			
	Rocco M. Sammartino	56 Finch Lane, Morth Kingstown, RI 02874			
	Lori-Jean Sammartino	56 Finch Lane, North Kingstown, RI 02874			
Da	ated <u>September 8</u> , 1998	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and			
	* 8 4 2 0 7 *	that all statements contained herein are true and correct.			
		ROCCO SAMMARTINO BUILDERS, LLC Exact Name of Limited Liability Company			
File	FOR SECRETARY OF STATE USE ONLY e Date:				
Che	eck No.: 515 /	Managing Member			
Ву	: UP	Title			

Form No. LLC-19 Revised 8/97 Filing Fee: \$50.00



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_	0084207	Annual Report for the year _	1997
1.		e of the limited liability company		
2.	The addr	ess of the principal office of the li	mited liability company is:	
3. 4.	- Fdyard H. Torgen, Feguire, 7395 Post Road			
 6. 	communications may be directed are: Rocco M, Sammartino, Managing Member 56 Finch Lane, North Kingstown, RI 02874			
7.	If the lincompany	Name M. Sammartino	agers, the name and address of each manager of the Address 56 Finch Lane, North Kingstown, RI	02874
1.	ated So	PAID	Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and that all statements contained herein are true and correct pocco. SAMMARTING BILLIDERS. LLC	ave examined this statements, and
<i></i>	(P)	SEP 1 2 1997 SECRETARY OF STATE	By Managing Member Title	MBCR

Form No LLC-19 Revised 8/97 Filing Fee: \$50.00

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.# 84207

Annual Report for the year 1996

LLC I.D.# 84207				
FIRST: The name of the limited liability cor	mpany is: ROCCO SAMMARTINO BUILDERS, LLC			
SECOND: The address of the principal office	of the limited liability company is:			
56 Finch Lane, North Ki				
THIRD: The state or other jurisdiction und	er the laws of which it is formed is: Rhode Island			
county. The name and address of its resid	TH: The name and address of its resident agent is: Edward H. Torgen, Esquire, 7395 Post Road, North Kingstown, RI 02852.			
FIFTH: The current mailing address of the limited liability company and the name or title of a person to who communications may be directed are: Rocco M. Sammartino, Manager				
56 Finch Lane, North K	ingstown, RI 02874			
SIXTH: A brief statement of the character	er of the business in which the corporation is actually engaged in this state:			
residential home const	ruction			
DatedAugust. 22, 19 9.6	ROCCO SAMMARTINO BUILDERS LLC Exact Name of Limited Liability Company			
File Date: 8 28 Check No: 3556 By: UV For Secretary of State Use Only	BY MANAGER To be signed in the manner required by the home state. ROCCO M. SAMMARTINO Title Manager			