

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 401.2223040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2005

Filing Period: Septembe			riung ree: \$50.00						
(FORM MUST BE TYPED OR			in a second						
	2. Exact name of the limited liability company								
		Properties Apple \							
3. State of Formation	I`		he character of the business w	hich is actually conducted in Rhode Isl	and				
RHODE ISLAND		REAL ESTATE				_			
5. Principal office address			•••	Ciry	State		Zip		
One James P M	lurph	y Highway		West Warwick	R	[02893		
6. MAILING ADDRESS	OF LI	MITED LIABILITY	COMPANY AND NAM	E OR TITLE OF CONTACT PE	RSON:		· _ · · · · · · · · · · · · · · · · · ·		
Contact Name Stephen G Sos	scia			Contact Title Managing Member	r				
Sirect Address			•	City	State		Ζφ		
One James P M	lurph	y Highway		West Warwick	RI		02893		
Manager Name									
Stephen G Soscia				Surrent Address	Sircet Address				
One James P Murphy Highway									
City		State	Zip	City	State	State Zip			
West Warwic	:k │	RI	02893						
Manager Name				Manuger Name					
Sireei Address			Street Address						
City State Zip				City	State	Ζφ			
8. RESIDENT AGENT I	N RHC	DE ISLAND - DO	NOT ALTER - Change	s require filing of Form 642	R.I.G.L. 7-1	6-11	· '		
Agent Name			Address						
STEPHEN G. SOSCIA									
Addres				City		2.(р	ZФ		
ONE JAMES P. MURPHY HIGHWAY				WEST WARWICK 02893					

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

File Date _	9/30/05 -107107	
Check No	7455	
Ву:	Cl-	
FC	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.

Stephen dosera 9/29 Significate of Authorized Person Date

Stephen G Soscia Managing Member

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

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

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 O	OR PRINT	TED IN BIACK)						
1. ID No.	2. Exact name of the limited liability company							
107107	Mutual Properties Apple Valley L L C							
3 State of Formation		4. Brief description of the	character of the business wh	ich is actually conducted in Rhode Islan	nd			
RHODE ISLAND		REAL ESTATE						
5 Principal office address One James	P Mu	urphy Highwa	ay	west Warwick	est Warwick State RI 02893			
6. MAILING ADDRES	S OF L	IMITED LIABILITY (COMPANY AND NAME	OR TITLE OF CONTACT PER	I SON:		1	
Contact Name Stephen G				Contact Title Managing Member	: Contact Title			
Street Address			- -	City	State Zip			
One James	P Mu	urphy Highwa	ay	West Warick	RI		02893	
7. NAME AND ADDR	ESS OF	EACH MANAGER O	F THE LIMITED LIAB	ILITY COMPANY, IF APPLICA	BLE		•	
		FILL IN SPACES	BEFORE USING ATTA	CHMENTS ("X" BOX FOR A	TACHMENT,			
ANY	MODI	FICATIONS TO MAN	AGERS REQUIRES FII	ING OF AMENDMENT, R.I.G.	L. 7·16·12 (a	1) (2) / 7-16	5-52	
Manager Name				Manager Name				
Stephen G Soscia								
Street Address			Street Address					
One James	P Mu	urphy Highwa	ay					
City		State	Zip	City	State	_	Zip	
West Warwi	ick	RI	02893					
Manager Name			•••••••••••	Manager Name	••••••	*************	/	
Street Address			Street Address					
			·					
City		State	Zip	City	State		Z.ip	
8. RESIDENT AGENT Agent Name STEPHEN G. SOSCIA	IN RH	 ODE ISLAND - DO N	l IOT ALTER - Changes	equire filing of Form 642 -	 R.I.G.L. 7-1	6-11	ľ	
Address						r	 -	
	A HICHM	ΙΔV		WEST WARWICK 22693				
ONE JAMES P. MURPHY HIGHWAY				TIEST HARMION		1 05033		

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

	* 1 0 7 1 0 7 *
File Date	10/31/03
Check No	7297
Ву:	<u> </u>
#O	R 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.

Ate shint social Signature of Adinorized Person	Managin	Merebu	10/27/03
Signature of Authorized Person	1-17	Date	

Stephen	_G	Soscia
rint or Type Name	of Au	thorized 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	D Number DLLC 107107	Annual Report for the year 2001
1.	. The name of the limited liability company is:	
	Mutual Properties Apple Valley L L C	
2.	The address of the principal office of the limiter	d liability company is:
	One James P Murphy Highway, Wes	t Wawick, R. I. 02893
3.	3. The state or other jurisdiction under the laws o	f which it is formed is RHODE ISLAND
4.	. The second address of the continue agent in	
	ONE JAMES P. MURPHY HIGHWAY WEST	
5.		lity company and the name or title of a person to whom communications
	One James P Murphy Highway, V	
6.		siness in which the limited liability company is actually engaged in this
7.	7. If the limited liability company has managers, Name	the name and address of each manager of the limited liability company Address
	Stephen G. Soscia	One James P Murphy Highway, West Warwick, RI
D		Under penalty of perjury, I declare and affirm that I have examined this eport, including any accompanying schedules and statements, and hat all statements contained herein are true and correct. Mutual Properties Apple Valley LLC
	1 0 7 1 0 7 FOR SECRETARY OF STATE USE ONLY File Date:	Exact Name of Limited Liability Company By Stephen Pasera Managing Mimber
Fi	ine Date.	Managing Member
İ	Check No.: $7/27$ By:	Title Form No. 632 Revised 01/99

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

Revised 01/99



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Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
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LIMITED LIABILITY COMPANY

lD	Number	DLLC	1071	ľ	07

Annual Report for the year 2000

יוו	Humber Deed 107 107					
1. The name of the limited liability company is:						
	Mutual Properties Apple Valley L L C					
2.	The address of the principal office of the limited liability company is: One James P Murphy Highway, West Warwick, RI 02893					
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: STEPHEN G. SOSCIA				
	ONE JAMES P. MURPHY HIGHWAY	WEST WARWICK RI 02893				
5.	-	ited liability company and the name or title of a person to whom communications in G Soscia				
	One James P Murphy Highway	, West Warwick, RI 02893				
6.						
7. If the limited liability company has managers, the name and address of each manager of the limited liability control in the limit						
	Stephen G Soscia	One James P Murphy Highway, West Warwick, RI 02893				
Da	ted /6/3/cv	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. Mutual Properties Apple Valley L L C Exact Name of Limited Liability Company				
1 110	FOR SECRETARY OF STATE USE ONLY Date: 7029 ck No.:	By Stephen Yescue Managing Member Title				
	ð. l	Form No. 632				