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.	2. Exact name of the limited liability company
111708	E. Mancini, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	LANDSCAPING

5. Principal office address: 1 MANCINI PLACE — City: EXETER — State: R.I. — Zip: 02822

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name: Edward B. MANCINI — Contact Title:

Street Address: 1 MANCINI PLACE — City: EXETER — State: RI. — Zip: 02822

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	Street Address	City	State	Zip
Edward B. MANCINI	1 MANCINI PLACE	EXETER	RI.	02822
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	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	Address	City	Zip
EDWARD B. MANCINI	ONE MANCINI PLACE	EXETER	02822-

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

[redacted] [redacted]

File Date 10/18/2005 *111708*

Check No. 2403

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.

Edward B Mancini 9/7/05
Signature of Authorized Person *Date*

[redacted]

Edward B MANCINI
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

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 liability company
111708	E. Mancini, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	LANDSCAPING

5. Principal office address	City	State	Zip
1 MANCINI PLACE	EXETER	RI	02822

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Edward B. MANCINI	PARTNER

Street Address	City	State	Zip
1 MANCINI PLACE	EXETER	RI	02822

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
Street Address SAME	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	Address
EDWARD B. MANCINI	
Address	**City** / **Zip**
ONE MANCINI PLACE	EXETER 02822-

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

[redacted] *111708* [redacted]

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.

Edward B. Mancini 9/5/04
Signature of Authorized Person *Date*

[redacted] Edward B Mancini
Print or Type Name of Authorized Person

File Date	9/8/04
Check No.	2217
By:	DA

FOR SECRETARY OF STATE USE ONLY

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 2003

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 liability company
111708	E. Mancini, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	LANDSCAPING

5. Principal office address | City | State | Zip

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Edward B. Mancini	

Street Address	City	State	Zip
1 Mancini Place	Exeter	RI	02822

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
SAME	
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	Address		
EDWARD B. MANCINI			
Address	City	Zip	
ONE MANCINI PLACE	EXETER	02822-	

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

[redacted] *1111708*

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.

Edward B. Mancini 9/11/03
Signature of Authorized Person *Date*

[redacted] Edward B. Mancini
Print or Type Name of Authorized Person

File Date 9-15-03
Check No. 2041
By: C
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 7/03

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

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

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
111708	E. Mancini, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	LANDSCAPING

5. Principal office address	City	State	Zip
1 MANCINI PLACE	EXETER	R.I.	02822

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Edward B. Mancini	Partner

Street Address	City	State	Zip
1 Mancini Place	Exeter	R.I.	02822

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	Street Address	City	State	Zip
Edward B. Mancini	1 Mancini Place	Exeter	R.I.	02822
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	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	Address		
EDWARD B. MANCINI			
Address	**City**		**Zip**
ONE MANCINI PLACE	EXETER		02822-

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

[redacted]

* 1 1 1 7 0 8 *

[redacted]

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.

Edward B. Mancini 9/03/02
Signature of Authorized Person *Date*

Edward B. Mancini
Print or Type Name of Authorized Person

[redacted]

File Date	9-23-02
Check No.	1454
By:	[illegible]

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

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 111708 **Annual Report for the year** 2001

1. The name of the limited liability company is:

   E. Mancini, LLC

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

   1 Mancini Place Exeter RI. 02822

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 B. MANCINI

   ONE MANCINI PLACE EXETER RI 02822-

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: 1 Mancini Place Exeter RI. 02822

   Edward B. Mancini

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

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

Name	*Address*

Dated 9/1/01

1 1 1 7 0 8

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.

E. Mancini, LLC
Exact Name of Limited Liability Company

By Edward B. Mancini
Partner
Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY
File Date: 9-4-01
Check No.: 1481
By: dc

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of $50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be