

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

Matthew A. Brown, Secretary of State

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

LIMITED LIABILITY	COMPANY	ANNUAL	REPORT FOR THE YEAR
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2005

	ember 1 - November 1		90	TE TEAK			
1. ID No. 111708	2. Exact name of the lin E. Mancini, LLC	t name of the limited liability company					
3. State of Formation RHODE ISLAND	4. Brief description	ption of the character of the busi PING	ness which is actually conducted in Rhode	island			
5. Principal office addre	PLACE	BILITY COMPANY AND	City EXETER NAME OR TITLE OF CONTACT P	State D_ ERSON:	20877 20877		
Edward Sirce Address	B. MAN	2/h/	Contact Nile				
/ MANCIA	DECC OF THE	/	EXETER	state PA:	24 DD 27		
	FILL IN S	AGER OF THE LIMITED PACES BEFORE USING TO MANAGERS REQUIR	LIABILITY COMPANY, IF APPLI ATTACHMENTS ("X" POX FOR ES FILING OF AMENDMENT, R.I.	ATTACHMENTI	771650		
Bound B. MAnoini			Manager Name				
Street Address MANCHI	PLACE		Street Address	<u> </u>			
ExeTEN	State P 1	21p 2522	City	State	Zip		
Manager Name	·		Manager Name	******	••••••		
Street Address			Street Address				
City	State	Ζφ	City	State	Zip		
8. RESIDENT AGEN Agent Name EDWARD B. MANCIN		- DO NOT ALTER - Cha	nges require filing of Form 64:	2 - R.I.G.L. 7-16-11			
ONE MANCINI PLACE			City EXETER	<i>Z.</i> ф 0282	2-		

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

	Under penalty of perjury, I declare		
File Date 10/14/000 -111708	including any accompanying scheducontained herein are true and correct		
Check No. 2403	Edurary B. Man Signature of Authorized Person		
By:	= Edward B &		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Per		

Under penalty of perjury, I declare and affirm that I have examined this repoincluding any accompanying schedules and statements, and that all statement contained herein are true and correct.	irt, its,
Edurard B. Manier 9/7/05 Signature of Authorized Person Date	
Edward B MAHCINI Print or Type Name of Authorized Person	
Trutt or Type Name of Authorized Person	



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

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Corporutions Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ____

2004

Filing Period: Septe	mber 1 - November 1	• Filing Fee: \$50	2.00				
	OR PRINTED IN BLACK)	·					
I. ID No.	2. Exact name of the lini	ted Hability company					
111708	E. Mancini, LLC						
3 State of Formation	4. Brief descrip	ion of the character of the bi	isiness which is actually conducted in Rho	de Island			
RHODE ISLAND	LANDSCA	PING					
5. Principal office addres			City	State	Zip		
1 MANCINI 1	PLACE		EXETER	PI	02822		
6. MAILING ADDRE	SS OF LIMITED LIAB	ILITY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:			
Contact Name			Contact Title				
Edward !	3. MANCINI		PANTHER				
Street Address			City	State	Zip		
1 MANCINI	PLACE		EXETER	H.J.	02807		
7. NAME AND ADD	RESS OF EACH MANA	GER OF THE LIMITE	D LIABILITY COMPANY, IF APP	LICABLE	• 15.95		
	FILL IN S	PACES BEFORE USING	ATTACHMENTS ("X" BOX FO	OR ATTACHMENTI []			
AN	Y MODIFICATIONS T	O MANAGERS REQUI	RES FILING OF AMENDMENT, R	R.I.G.L. 7-16-12 (a) (2)	/ 7-16-52		
Manager Name			Manager Name	Manager Name			
	2						
Street Address	nmB.		Street Address				
	ATTIE						
Cuy	State	Ζφ	City	State	Zip		
Manager Name		***********************	Manager Name				
Street Address		<u> </u>	Street Address	Strvet Address			
<u>. </u>							
City	State	Zip	City	State	Zip		
0 05015011	<u> </u>						
8. RESIDENT AGENT	I IN RHODE ISLAND	- DO NOT ALTER - CI	hanges require filing of Form (642 - R.I.G.L. 7-16-11			
Address Address							
EDWARD B. MANCINI							
Address			City	Zip			
ONE MANCINI PLACE			EXETER	i i			
			LALILI	EXETER 02822-			

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

		*	1	1	1	7	0	8	,
File Date _	9	8	0	4]
Check No		<u>22</u>	1	2				_	l
Ву:		DA							
FO	R SECRET	TARY OF	STAT	E US	E ON	ILY			

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. Manai 9/5/04
Signature of Authorized Person Date

Edward B MANCINI
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

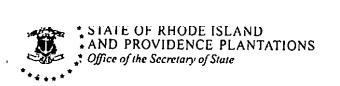
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2003

	ember 1 - November 1 D OR PRINTED IN BIACK)	• Filing Fee: \$5	50.00					
1. ID No.		od tiability company						
111708		2. Exact name of the limited liability company E. Mancini, LLC						
3 State of Formation	4. Brief descript	ion of the character of the L	nisiness which is actually conducted in Rhod	le Island				
RHODE ISLAND	LANDSCAP	PING						
5. Principal office addre	uz		City	State	Zip			
6. MAILING ADDR	ESS OF LIMITED LIAB	ILITY COMPANY AN	I D NAME OR TITLE OF CONTACT	PERSON-				
Contact Name	B. MAKE		Contact Title	- Livotti				
Street Address		<u>-</u>	City	State	Z(p			
1 MANCINI	PLACE		EYETER	MD.	02522			
7. NAME AND ADD	DRESS OF EACH MANA	GER OF THE LIMIT	ED LIABILITY COMPANY, IF APPL	.ICABLE	• -			
7	FILL IN SE	PACES BEFORE USIN	G ATTACHMENTS I'X" ROX FO	R ATTACHMENT				
Manager Name	, a mobilitarions i	O MANAGERS REQU	IRES FILING OF AMENDMENT, R.	I.G.L. 7-16-12 (a) (2)	/ 7-16-52			
_	- 0 m B		rianager isame					
Street Address) H M2		- Company					
			Street Address					
City	State	Zip	City	State	Zip			
Manager Name			•••••••••••••••••••••••••••••••••••••••					
provide them.			Manager Name					
Street Address			Sinvi Addruss					
	<u> </u>							
City	State	Zip	City	State	Zip			
8. RESIDENT AGEN	IT IN RHODE ISLAND	DO NOT ALTER - C	hanges require filing of Form 6	 42 - R.1.G.L. 7-16-11	1			
EDWARD B. MANCIN	II		, market					
ONE MANCINI PLACE			City	Zíp				
			EXETER	028	02822-			
			 					

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

* 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.
File Date 9-15-03	contained herein are true and correct.
Check No 2041	Edward B. Marca. 9/11/03
By:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person



Edward S. Inman, 111. Secretary of State Corporations Division 100 North Main Street, Providence, R1 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 TYPE			•		
1. ID No. 2. Exact name of the limited liabilty company 1.1708 E. Mancini, LLC					
3. State of Formation	E. Mancini, LLC	rintian of the character of	he business which is actually cont	4	<u> </u>
RHODE ISLAND	LANDSCA		ne ousiness which is actionly con-	auciea in knode Island	
5. Principal office address	s		City	State	Zip
1 MANCIAL	PLACE		EXETER	P.D.	02822
6. MAILING ADDR		D LIABILITY COM	ANY AND NAME OR TIT		RSON:
Contact Name			Contact Title		
Edward	13. MANCIA	1/	PAnine	*	
Sirect Address	DI		City	State P.J.	02422
1_MARGINI	LACE		EXETER		
7. NAME AND ADDR	FILL IN S	SPACES BEFORE USIN	IMITED LIABILITY CO G ATTACHMENTS , ("X"	BOX FOR ATTACHMENT	3 ·
Manager Name	ANY MODIFICATION	IS TO MANAGERS REC	UIRES FILING OF AMENDME	NT. R.I.G.L 7-16-12 (a) (2)	/ 7-16-52
GD / /	l han .		•Manager Name •		
Street Address	MANCINI	<u> </u>	•		
1 MANGAI	PLACE		• Street Address		
City Train	State)	Zip	City	State	Zip
Manager Name	J . / '. ½'.]
manager rame			*Manager Name		
Street Address			• Sireci Address		
City	State	Zip	City	State	Zip
. 		İ	•		·
8. RESIDENT AGENT	IN RHODE ISLA	ND -DO NOT ALTER- C	hanges require filing o	of Form 642 - R.I.G.L. 7	-16-11 -
Agent Name			Address		
EDWARD 8. MANCINI					
Address	-		City	į į	Zip
ONE MANCINI PLACE			EXETER		02822-
This report must be s	igned in ink by	an authorized person	n pursuant to 7-16-66.		
	 	 0	Under nennity	of perjury, I declare and aff	Town that I have avanished
rue Daie	23-02 15 C	_	this report, incl	luding any accompanying stements contained herein ar	chedules and statements, e true and correct.
By:	_ 	_	Signature of Ath.	norizea rerson	Date
wr.	n.		F.J	(R Marale	
FOR SECRETARY OF ST	ATE HER OWN		Edward Print or Type No.	B. MANCINI ame of Authorized Person	

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

- De 5



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

D Number DLLC 111708

Annual Report for the year 2001

טו	Number DEEC 111700	Amountoportion the year area.
1.	The name of the limited liability compa	any is:
	E. Mancini, LLC	
2.	The address of the principal office of the	he limited liability company is:
	I MANCIN PLACE EX	RETER AJ. 02822
3.	The state or other jurisdiction under th	e laws of which it is formed is RHODE ISLAND
4.	agent is: EDWARD B. MANCINI	
	ONE MANCINI PLACE EXETER RI 0	02822-
5.	The current mailing address of the lim	nited liability company and the name or title of a person to whom communications
		PLACE EXETER Ad. 02522
	Elward B. marin	
6		f the business in which the limited liability company is actually engaged in this
U .		
7		nagers, the name and address of each manager of the limited liability company
٠.	Name	Address
•		
Β.	ated 9/1/01	Under penalty of perjury, I declare and affirm that I have examined this
U	neu	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
		_
	1 1 1 7 0 8	Exact Name of Limited Liability Company
	FOR SECRETARY OF STATE USE ONLY	The Barrie
File	e Date: 9-4-0/	By Edward B. Minen.
Ch	eck No.: 1481	Title Form No. 632
Bv	2	Revised 01/99