

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

2005

| LIMITED LIABILITY CON | APA l | NY ANNUAL | REPORT | FOR ' | THE | YEAR. |
|---|--------------|-------------------|--------|-------|-----|-------|
| Filing Period: September 1 - November 1 | • 1 | Hing Fec: \$50.00 | | | | |

| FORM MUST BE TYPE | ED OR PRINT | ED IN BLACK) | | | | | |
|---|-------------|------------------|---|---|----------------------|------|----------------------|
| ['] 96969 | Petrone | Realty Associate | ability company es, LLC | | | | |
| 3. State of Formation RHODE ISLAND | | | the character of the hustness and investments | rhich is actually conducted in Rh | ode Island | | |
| 5 Principal office add | ress | | | Glty | State | | Zip |
| 2486 Cransto | on Stree | et. | | Cranston | RI | | 02920 |
| 6. MAILING ADD | RESS OF LI | MITED LIABILIT | TY COMPANY AND NAM | IE OR TITLE OF CONTAC | T PERSON: | | • |
| Contact Name | | | | Contact Title | | | |
| Antonio Pet | rone | | | Co-operating M | anager | | |
| Sirrei Address 2486 Cranste | on Stree | et | | <i>Gra</i> nston | State | | 02920 |
| | | FILL IN SPAC | ES BEFORE USING ATT | BILITY COMPANY, IF AP ACHMENTS ("X" BOX I ILING OF AMENDMENT, | FOR ATTACHMENT | - | -52 |
| Manager Name Antonio Petrone | | | Manager Name Emilia Petrone | | | | |
| Street Address 2486 Cranste | on Stree | et | | Sircel Address 2486 Cranston Street | | | |
| Cranston | | State RI | <i>Ζιρ</i> 02920 | City Cranston | State RI | | <i>24</i> ρ 02920 |
| Manager Name | •••••• | ••••• | ••••••••••• | Manager Name | | | |
| Street Address | | | | Sirret Address | | | |
| City | | State | Zip | City | State | | Zip |
| 8. RESIDENT AGE Agent Name RICHARD A. BOGUE | | DDE ISLAND - D | O NOT ALTER - Chang | es require filing of Form |) 642 - R.I.G.L. 7-1 | 6-11 | |
| Addres 50 EXCHANGE TERRACE, SUITE 320 | | | PROVIDENCE | <i>Ζφ</i> 02903 | | | |

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

| | .86808. |
|-----------|-----------------------------|
| | |
| File Date | 10/14/05 |
| Check No | 1141 |
| Ву: | Cm |
| | 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 gorrect.

Antonio Petrone, Co-operating Manager

Print or Type Name of Authorized Person



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

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ____ 2004

| FORM MUST BE T | | | | | | |
|--|----------------------------|--------------------------------------|---|--|----------------------|--|
| 1. ID No. | | imited liability company | | | | |
| 96909 | Petrone Realty As | ssociates, LLC | | | | |
| 3 State of Formati | on 4. Brief desci | apiton of the character of the busin | ess which is actually conducted in Rhod | ic Island | | |
| RHODE ISLA | ND REAL ES | STATE AND INVESTMENTS | | | | |
| 5. Principal office 2486 Cr | anston Street | | Cranston | State RI | ^{Zip} 02920 | |
| 6. MAILING A | DDRESS OF LIMITED LL | ABILITY COMPANY AND N | AME OR TITLE OF CONTACT | PERSON: | • | |
| Contact Name Antonio | Petrone | | Co-Operating M | lanager | | |
| 51072486 Cra | nston Street | | ^{Cu)} Cranston | State RI | ^{πφ} 02920 | |
| 7. NAME AND | FILI, IN | SPACES BEFORE USING A | LIABILITY COMPANY, IF APPI TTACHMENTS ("X" BOX FO S FILING OF AMENDMENT, R | OR ATTACHMENT) | / / 7-16-52 | |
| Manager Name Antonio Petrone | | | Manager Name Emilia Petrone | | | |
| Street Address 2486 Cra | anston Street | - | Siren Address 2486 Cranston Street | | | |
| | | Zip 00000 | Cranston Cranston | State RI | Zip 02920 | |
| Cranstor | n State RI | ²⁴ 02920 | Ceatiston | 1 11 | 02320 | |
| Cranstor | n State RI | | Manager Name | | 02320 | |
| ••••• | n State RI | | ******** | | 02320 | |
| Manager Name Street Address | State State | 7.ip | Manager Name | State | 7.ip | |
| Manager Name Sirvet Address City 8. RESIDENT | State | Zip | Manager Name Street Address | State | | |
| Manager Name Sirect Address City 8. RESIDENT i Agent Name RICHARD A BO | State AGENT IN RHODE ISLAT | Zip | Street Address City nges require filing of Form to Address PLOURDE, BOGUE, MCLAI | State 642 - R.I.G.L. 7-16-11 UGHUN | | |
| Street Address City 8. RESIDENT A Agent Name RICHARD A BO Address | State AGENT IN RHODE ISLAT | Zip | Street Address City nges require filing of Form Address | State 642 - R.I.G.L. 7-16-11 | Zip | |

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

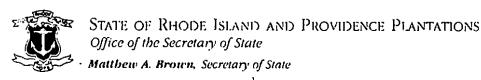
| | * 9 6 9 0 9 * |
|-----------|---------------|
| File Date | 10/5/04 |
| Chaoli Ma | 1062 |

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.

Antino Petrone, Co-Operating Manager

Print or Type Name of Authorized Person



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

2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

| (FORM MOST DE TITEL) | , | | | | <u> </u> | | | |
|--|---|----------------------------------|--|-----------------|----------------------|--|--|--|
| 7. ID No 96909 | 2. Exact name of the limited in Petrone Realty As | | | | | | | |
| 3. State of Formation | 4. Brief description | of the character of the business | which is actually conducted in Rhode | Island | | | | |
| RHODE ISLAND | REAL ESTATE | AND INVESTMENTS | | | | | | |
| 5. Principal office address | | | City | State | Zip | | | |
| 2486 Cransto | | TY COMPANY AND NAI | Cranston ME OR TITLE OF CONTACT I | RI PERSON: | 02920 | | | |
| Antonio Petr | one | | Contact Title Co-Operating | • | | | | |
| Street Address | | | City | State | Zip | | | |
| 2486 Cranston Street | | | Cranston | RI | 02920 | | | |
| | FILL IN SPACE | CES BEFORE USING ATT | ABILITY COMPANY, IF APPLI FACHMENTS ("X" BOX FOR FILING OF AMENDMENT, R.I | R ATTACHMENT) 🗌 | 7-16-52 | | | |
| Manager Name | | | Manager Name | Manager Nume | | | | |
| Antonio Petr | one | | Emilia Petrone | | | | | |
| Street Address 2486 Cransto | on Street | | Street Address 2486 Cranston Street | | | | | |
| Cranston | State RI | ^{2ip} 02920 | City Cranston | State RI | ^{Zip} 02920 | | | |
| Manager Name | | • | Manager Name | | | | | |
| Sirvei Address | | | Stroet Address | | | | | |
| City | State | Ζψ | City | State | Zφ | | | |
| 8. RESIDENT AGENT Agent Name RICHARD A. BOGUE, E | | DO NOT ALTER - Chang | require filing of Form 642 - R.I.G.L. 7-16-11 Address PLOURDE, BOGUE, MCLAUGHLIN | | , | | | |
| Address 50 EXCHANGE TERRA | CE, 3RD FLOOR | | PROVIDENCE Zip 02903 | | | | | |
| | | | | • | | | | |

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

| | * 9 | 6 | 9 | 0 | 9 | * |
|-------------|----------------|---------|----------|------|---|---|
| _ | 10/21 | | | | | 7 |
| File Date _ | 10 (21/0 | 7.3 | | | | 1 |
| Check No. | 919 | | | | | - |
| Ву: | 9rs | | | | | |
| F | OR SECRETARY O | OF STAT | TE 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.

Antonio Petrone, Emilia Petrone Co-Operating

Print or Type Name of Authorized Person

Managers

Form 632 Rev. 7/03



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 PR | INTED IN BLA | ICK) | | | | |
|---|----------------|------------------|----------------------------------|--------------------------------------|--------------------------|---------------|--|
| 1. ID No. | 2. Exact | name of the lin | nited liabilty company | | | | |
| 96909 | Petron | e Realty Asso | - | | | | |
| 3. State of Formatic | on | 4. Brief descrip | tion of the character of the bus | siness which is actually conducted t | in Rhode Island | | |
| RHODE ISLAN | D | REAL ESTA | TE AND INVESTMENTS | | | | |
| 5. Principal office | address | | | City | State | Zip | |
| 2486 Crans | ston Stre | eet | | Cranston | RI | 02920 | |
| 6. MAILING A | DDRESS O | F LIMITED | LIABILITY COMPANY | AND NAME ORTITLE | OF CONTACT PER | SON: | |
| Contact Name | | | | Contact Title | h a | | |
| Antonio Pe | etrone | | | . Co-Operating | Manager | | |
| Street Address | Street Address | | | | State | Zip | |
| 2486 Crans | ston Stre | et | | · Cranston | RI | 02920 | |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE | | | | | | E | |
| | | | ACES BEFORE USING A | | FOR ATTACHMENT | | |
| | ANY MO | DDIFICATIONS | TO MANAGERS REQUIRE | S FILING OF AMENDMENT. R | .I.G.L 7-16-12 (a) (2) / | 7-16-52 | |
| Manager Name | | | · · · | ·Manager Name | | | |
| Antonio Pe | etrone | | | : Emilia Petron | ie | | |
| Street Address | - | | | Sireei Address | | | |
| 2486 Crans | ston Stre | eet | | : 2486 Cranston | Street | | |
| City | | State | Zip | *City | State | Zip | |
| Cranston | | RI | 02920 | Cranston | RI | 02920 | |
| Manager Name | • • • • • | | | Manager Name | | | |
| | | | | • | | | |
| Street Address | | | | *Sireet Address | | | |
| City | | State | Zip | City | State | Zip | |
| 9 DECIDENT A | CENT IN D | ODE ISLAN | D DO NOT ALTER Cha- | nges require filing of Fo | Fm 642 P (C 7-1 | 6.11. | |
| Agent Name | GENT IN RO | TODE ISLAN | ID-DO NOT ALTER- CHAI | Address | 7111 0-12 1 K.I.O.I 7-1 | V-0 | |
| RICHARD A. BO | GUE ESO | | | PLOURDE, BOGUE, MCLA | MICHI IN | | |
| Address | | · | <u>.</u> | City | Zij | , | |
| 50 EXCHANGE T | ERRACE, 3RD | FLOOR | | PROVIDENCE | j ' | | |
| | | | | 1 | | · <u>-</u> | |
| | | | | | | | |

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



File Date FILED

Check No. OCT 16 2002

By Co. 15-3

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

Date 9.

Antonio Petrone, Emilia Petrone Co-Operating

Print or Type Name of Authorized Person

Managers Form 632 Rev. 6/02



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 96909 | Annual Report for the year 2001 |
|------|---|--|
| 1. | The name of the limited liability company is | s: |
| | Petrone Realty Associates, LLC | |
| 2. | The address of the principal office of the li | mited liability company is: |
| | 2486 Cranston Street, Cran | ston, RI 02920 |
| 3. | The state or other jurisdiction under the la | ws of which it is formed is RHODE ISLAND |
| 4. | The name and address of its resident age | nt is: RICHARD A. BOGUE, ESQ. |
| | PLOURDE, BOGUE, MCLAUGHLIN 50 EX | XCHANGE TERRACE, 3RD FLOOR PROVIDENCE RI 02903 |
| 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: <u>Antonio P</u> 2486 Cranston Street, Cra | etrone,Co-Operating Manager nston, RI 02920 |
| 6. | A brief statement of the character of the | business in which the limited liability company is actually engaged in this |
| | state: Real estate and in | vestments |
| 7. | | ers, the name and address of each manager of the limited liability company Address |
| | Antonio Petrone | 2486 Cranston_Street, Cranston, RI 02920 |
| | Emilia Petrone Co-Operating Managers | same |
| Da | ited // - 8 - 0/ 2001 | 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. Petrone Realty Associates, LLC |
| File | 9 6 9 0 9 FOR SECRETARY OF STATE USE ONLY Date: //-/-/-/-/ | By Antonia Petrone Bucker Blisse |
| Che | ck No.: 624 | Co-Operating Manager Title |
| By: | | Form No. 632 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 Telephone (401) 222-3040

| LIN | MITED LIABILITY COMPANY | - |
|---|--|---------------------|
| ID Number DLLC 96909 | Annual Report for the year 2000 | |
| The name of the limited liability company | is: | |
| Petrone Realty Associates, LLC | | |
| 2. The address of the principal office of the | limited liability company is: | |
| 2486 Cranston Street, Crans | ton, RI 02920 | |
| 3. The state or other jurisdiction under the le | aws of which it is formed is RHODE ISLAND | |
| 4. The name and address of its resident ago | ent is: RICHARD BOGUE, ESQ. | |
| Plourde, Bogue, McLaughlin & Moyl | an 50 Exchange Terrace, 3rd Floor, Provide | nce, RI 02903 |
| state: Real estate and invest | e business in which the limited liability company is actual ments | |
| 7. If the limited liability company has manage Name | gers, the name and address of each manager of the limite Address | d liability company |
| Antonio Petrone | 2486 Cranston Street, Cranston, RI O | 2920 |
| Emilia Petrone | Same | |
| <u>Co-Operating Managers</u> | | |
| FOR SECRETARY OF STATE USE ONLY File Date: NOV i 2000 | Under penalty of perjury, I declare and affirm that I report, including any accompanying schedules at that all statements contained herein are true and correspond Petrone Realty Associates, LLC Exact Name of Limited Liability Company Co-Operating Manager | nd statements, and |
| Check No.: By | Title | Form No. 632 |

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 <u>LL 96909</u> | Annual Report for the year 1999 |
|------|--|---|
| 1. | The name of the limited liability company i | , i s : |
| | Petrone Realty Associates, LLC | |
| 2. | The address of the principal office of the li | imited liability company is: |
| | 2486 Cranston Street, Crans | ton, Rhode Island 02920 |
| 3. | · | ws of which it is formed is RHODE ISLAND |
| 4. | The name and address of its resident age | |
| 7, | ONE CITIZENS PLAZA, SUITE 830 PRO | |
| _ | | l liability company and the name or title of a person to whom communications |
| 5. | | |
| | may be directed are:Antonio Pet | |
| | <u>One Citizens Plaza, Suit</u> | te 830, Providence, Rhode Island 02903 |
| 6. | A brief statement of the character of the | e business in which the limited liability company is actually engaged in this |
| | state: Real Estate and investmen | nts |
| 7. | If the limited liability company has manage Name | ers, the name and address of each manager of the limited liability company Address |
| | Antonio Petrone | 2486 Cranston Street, Cranston, RI 02920 |
| | Co-Operating Manager | |
| | Emilia Petrone | 2486 Cranston Street, Cranston, RI 02920 |
| | Co-Operating Manager | |
| Da | ated 10-22-99 | 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. |
| | | Petrone Realty Associates, LLC |
| | * 9 6 9 0 9 * | Exact Name of Limited Liability Company |
| | | 1-1-101 |
| Filo | FOR SECRETARY OF ATATEUSE ONLY Date: | By Ankaria I Mone |
| | ock No.: OCT 2 7 1999 | Co-Operating Manager |
| | SECIVIOS OTATA | Title Form No. 632 |
| By: | -0 OTAIL | Revised 01/99 |

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
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

| iD | Number <u>LL 96909</u> | Annual Report for the year 1998 |
|----|--|--|
| 1. | The name of the limited liability comp | any is: |
| | Petrone Realty Associates, LLC | |
| 2. | The address of the principal office of | the limited liability company is: |
| | 2486 Cranston Street, Cran | ston, Rhode Island 02920 |
| 3. | The state or other jurisdiction under the | ne laws of which it is formed is RHODE ISLAND |
| 4. | The name and address of its resident | |
| • | ONE CITIZENS PLAZA, SUITE 830 | |
| _ | | ne limited liability company and the name or title of a person to whom |
| 5. | • | |
| | • | : Antonio Petrone, Co-Operating Manager |
| | <u>One</u> | Citizens Plaza, Suite 830, Providence, Rhode Island 02903 |
| 6. | A brief statement of the character o | f the business in which the limited liability company is actually engaged in this |
| | state: Real Estate and Inves | tments |
| 7. | If the limited liability company has ma | anagers, the name and address of each manager of the limited liability company Address |
| | Antonio Petrone | 2486 Cranston Street, Cranston, RI 02920 |
| | Co-Operating Manager | |
| | Emilia Petrone | 2486 Cranston Street, Cranston, RI 02920 |
| | Co-Operating Manager | |
| Dá | ated 1 - 8 , 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. Petrone Realty Associates, LLC |
| | * 9 6 9 0 9 * FOR SECRETARY OF STATE USE ONLY | Exact Name of Limited Liability Company |
| | e Date: 0 2 c 9 8 | By Chilea Petrone |
| Ch | eck No.: | Co-Operating Manager |
| Ву | : UP | Title Form No. 11 C-19 |