

# 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

401.2. DDS

(FORM MUST BE TYP	ED OR PRINT	TED IN BLACK)					
1, ID No.	2. Exact	Exact name of the limited liability company					
105410	Easter	ly Associates, LLC					
3. State of Formation	tile of Formation 4. Brief description of the character of the business which is actually co				de Island		
RHODE ISLAND	•	REAL ESTATE					
5. Principal office add				City	State	Ζφ	
469 Centerville Road - Suite 208			Warwick	RI	02886	ŝ	
6. MAILING ADD	RESS OF L	IMITED LIABILITY (	COMPANY AND NAME	OR TITLE OF CONTACT	PERSON:		
Contact Name				Contact Title			
Paul T Buo	naiuto						
Street Address	_	•		City	State	Ζψ	
469 Center	ville Ro	oad - Suite 20	8	Warwick	RI	02886	5
7 NAME AND AT	INPPSS OF	PACH MANAGED O	- SETHE LIMITED LIAR	: ILITY COMPANY, IF APP	LICARLE		
7. NAME AND A	DRESS OF			CHMENTS ("X" BOX FO		э 🗆	
,	ANY MODI			ING OF AMENDMENT, F			
Manager Name			. –	Manager Name	•		
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Street Address				<u>•</u>		<u></u>	
				Compt Address			
Sinti Adanss				Street Address			
		Cento	1210		State	12/6	
City		State	Zip	Street Address  City	State	Zip	
City		State	Zip	City	State	Zip	
		State	Zip		State	2.ip	
City Manager Name		State	Zip	City Manager Name	State	Zip	
City		State	Zip	City	State	Zip	
City  Manager Name  Sirect Address				City  Manager Name  Street Address		J	•••••
City Manager Name		State	Zip Zip	City Manager Name	State State	2.ip Zip	
City  Manager Name  Street Address  City	ent in Rh	State	7.ip	City  Manager Name  Street Address  City	State	Zip	
City  Manager Name  Street Address  City	ÈNŤ IN RH	State	7.ip	City  Manager Name  Street Address	State	Zip	
City  Manager Name  Street Address  City  8. RESIDENT AG Agent Name		State	7.ip	City  Manager Name  Street Address  City  require filing of Form	State	Zip	
Street Address City  8. RESIDENT AG Agent Name PAUL T. BUONAIL		State	7.ip	City  Manager Name  Street Address  City  require filing of Form  Address	State	Ζφ	
City  Manager Name  Street Address  City  8. RESIDENT AG Agent Name	то	State ODE ISLAND DO N	7.ip	City  Manager Name  Street Address  City  require filing of Form	State	Zip	

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

File Date	9/15/05 *105410*	
Check No	,0269	
Ву:	Jm)	
	FOR SPCRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affu	
including any accompanying schedules and	statements, and that all statements.
contained herein are the and confect.	/ /
	= 0/-/-
	4/15/03
Signature of Authorized Person	Date
Paul T Buonaiuto	

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.

2004

I. ID No.	2. Exact name of the limit	2. Exact name of the limited liability company					
105410	Easterly Associates,						
3. State of Formatte	on 4. Brief descript	ion of the character of the b	usiness which is actually conducted in Rhode i	Island			
RHODE ISLAND REAL ESTATE							
5. Principal office of 469 Cent	address erville Road - Sui	ite 208	City Warwick	State RI	02886		
6. MAILING AI	DDRESS OF LIMITED LIAB	ILITY COMPANY AN	D NAME OR TITLE OF CONTACT P	ERSON:	· · · · ·		
Contact Name Paul T B	uonaiuto		Conjuga Title Manager				
Street Address			City	State	Z.ip		
469 Cent	erville Road - Sui	ite 208	Warwick, 🕮	RI	02886		
ANY MODIFICATIONS TO MANAGERS REQUIR			Manager Name				
·							
Street Address			Manager Name Street Address				
·	State	Zip		State	Zip		
Street Address	State	Ζφ	Street Address	State	Zip		
Street Address	State	Zip	Street Address  City	State	Zip		
Street Address  City  Manager Name	State	Z:p	Street Address  City  Manager Name	State State	Z.lp		
Street Address  City  Manager Name  Street Address  City	State	Zip	Street Address  City  Manager Name  Street Address	State	Zip		
Street Address  City  Manager Name  Street Address  City  8. RESIDENT A	State AGENT IN RHODE ISLAND	Zip	Street Address  City  Manager Name  Street Address  City  Changes require filing of Form 64	State	Zip		
Street Address  City  Manager Name  Street Address  City  8. RESIDENT Agent Name	State AGENT IN RHODE ISLAND	Zip	Street Address  City  Manager Name  Street Address  City  Changes require filing of Form 64	State 12 - R.I.G.L. 7-16-	Zip		

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	101	ط	04	
Check No.	L	88	37	
By:		DI	4	
F	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 perein are true and correct.

Signature of Authorized Person

Date

Paul T Buonaiuto

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 \_

2003

1. ID No. 105410	,			tame of the limited liability company  Easterly Associates, LLC				
3 State of Formation	1. Brief description	on of the character of the bi	usiness which is actually conducted in Rho	ode Island				
RHODE ISLAND	REAL ESTA	TE						
5. Principal office ad	Idress		City	State	Zip			
469 Centery	ville Road - Suite	208	Warwick	RI	02886			
í. MAILING ADI	DRESS OF LIMITED LIABI	LITY COMPANY AND	D NAME OR TITLE OF CONTACT	Γ PERSON:	•			
Contact Name			Contact Title					
Paul T Buor	naiuto		Manager					
Street Address	<del></del>	•	City	State	Zip			
469 Centery	ville Road - Suite	208	Warwick	RI	02886			
			<b>:</b>					
··········			Manager Name					
··········			Manager Nume Sirvet Address					
Street Address	State	Z(p		State	Zip			
Street Address City	State	Zip	Street Address	State	Zip			
Street Address City Manager Name	State	Zip	Sirvet Address City	State	Zip			
Manager Name  Street Address  City  Manager Name  Street Address  City	State State	Z(p	Sirvet Address  City  Manager Name	State State	Z:p			
Street Address  City  Manager Name  Street Address  City  B. RESIDENT AC	State	Zip	Sirvet Address  City  Manager Name  Sirvet Address	State	Zip			
Street Address  City  Manager Name  Street Address  City	State  SENT IN RHODE ISLAND	Zip	Sirvet Address  Cliy  Manager Name  Sirvet Address  Cliy  Cliy	State	Zip			

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

	* 1 0 5 4 1	0 *
File Date	9-12-03	· !
Check No	4769	
Вуг	<u> </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 forrect.

Signature of Authorized Person

Paul T Buonaiuto

Print or Type Name of Authorized Person



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) I. ID No. 2. Exact name of the limited liabilty company 105410 Easterly Associates, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **REAL ESTATE RHODE ISLAND** 5. Principal office address City State 469 Centerville Rd Suite 208 Warwick RI 02886 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Paul T Buonaiuto Street Address City State 02886 469 Centerville Rd Suite 208 Warwick RI 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 AMENOMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name ·Manager Name Street Address Street Address City State City Manager Name Manager Name Street Address ·Street Address City State Zip State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Igent Name Address **PAUL T. BUONAIUTO** Address City 469 CENTERVILLE ROAD, SUITE 208 WARWICK 02886-

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



 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

Paul T Buonaiuato

Print or Type Name of Authorized Person

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 I	Number	DLLC '	105410
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Annual Report for the year 2001

1.	The name of the limited liability compan	ıy is:				
	Easterly Associates, LLC					
2.	The address of the principal office of the limited liability company is:					
	469 Centerville Road, Warwick, Rt C	)2886				
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 a	gent is: SANDRA MATRONE MACK, SEC.				
	HASLAW, LLC 1500 FLEET CENTER I	PROVIDENCE RI 02903				
5.	The current mailing address of the limit	ed liability company and the name or title of a person to whom communications				
	may be directed are: Gustin L. Buc	onaiuto				
	469 Centerville Road, Warwick, RI	02886				
6.	A brief statement of the character of t	the business in which the limited liability company is actually engaged in this				
	state: Real estate					
7.	If the limited liability company has mana	agers, the name and address of each manager of the limited liability company  Address				
	· · · · · ·					
Da	ted9/26/0/	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.				
		Easterly Associates, LLC				
	1 0 5 4 1 0	Exact Name of Limited Liability Company				
	FOR SECRETARY OF STATE USE ONLY	By Land Met Mace				
File	Date: FILEU	Resident Agent Sec , HASLAW , LLC				
Che	ck No.: SEP 2 7 2001	Title				
Ву:	By 60138349	Form No. 632 Revised 01/99				

Filing Fee: \$50.00

#### To be filed annually between September 1 and November 1

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	105410

טו	Mumber DLLC 103410	Annual Report for the year 2000
1.	The name of the limited liability compa	ıny is:
	Easterly Associates, LLC	
2.	The address of the principal office of the	he limited liability company is:
•	469 Centerville Road, Warwick, RI	02886
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	agentis: SANDRA MATRONE MACK, SEC.
	HASLAW, LLC 1500 FLEET CENTER	PROVIDENCE RI 02903
<b>5.</b>	The current mailing address of the limit may be directed are:  Gustin L. B	ited liability company and the name or title of a person to whom communications suonaluto
	469 Centerville Road, Warwick, RI	02886
6. 7.	state: Real estate	the business in which the limited liability company is actually engaged in this nagers, the name and address of each manager of the limited liability company
	None	Adubss
	110110	
-		
Dat	November 29, 2000	Under penalty of perjury, I declare and affirm that I have examined this
	ST HOLE BATTA BAHA SAGEL HEN COA	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
		Easterly Associates, LLC  Exact Name of Limited Liability Company
		$\Lambda = \mathcal{N}_{\mathbf{k}} \rightarrow \mathcal{N}_{\mathbf{k}}$
rile i	FOR SECRETARY OF SEATH USE ONLY Date:	Resident Agent Secretary HASLAW, LLC
Chec	.k No.: NOV 3 0 2000	Secretary HASLAW, LLC
	By Ca 131947	Form No. 632