



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. 105410		2. Exact name of the limited liability company Easterly Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 469 Centerville Road - Suite 208		City Warwick	State RI
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Paul T Buonaiuto Contact Title _____			
Street Address 469 Centerville Road - Suite 208		City Warwick	State RI
		Zip 02886	
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 _____		Street Address _____	
City _____	State _____	City _____	State _____
Zip _____		Zip _____	
Manager Name _____		Manager Name _____	
Street Address _____		Street Address _____	
City _____	State _____	City _____	State _____
Zip _____		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 PAUL T. BUONAIUTO		Address _____	
Address 469 CENTERVILLE ROAD, SUITE 208		City WARWICK	Zip 02886

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	
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.

Signature of Authorized Person
Date **9/15/05**
Paul T Buonaiuto
Print or Type Name of Authorized Person



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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. 105410		2. Exact name of the limited liability company Easterly Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 469 Centerville Road - Suite 208		City Warwick	State RI
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Paul T Buonaiuto		Contact Title Manager	
Street Address 469 Centerville Road - Suite 208		City Warwick,	State RI
		Zip 02886	
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		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 PAUL T. BUONAIUTO		Address	
Address 469 CENTERVILLE ROAD, SUITE 208		City WARWICK	Zip 02886

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



File Date	10/6/04
Check No.	4887
By:	DA
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 Paul T Buonaiuto Date 9/23/04
Paul T Buonaiuto
Print or Type Name of Authorized Person



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Office of the Secretary of State
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Corporations Division
100 North Main Street
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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. 105410		2. Exact name of the limited liability company Easterly Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 469 Centerville Road - Suite 208		City Warwick	State RI
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Paul T Buonaiuto		Contact Title Manager	
Street Address 469 Centerville Road - Suite 208		City Warwick	State RI
		Zip 02886	
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		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 PAUL T. BUONAIUTO		Address	
Address 469 CENTERVILLE ROAD, SUITE 208		City WARWICK	Zip 02886

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



File Date	9-12-03
Check No.	4769
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.

Signature of Authorized Person Date 9/9/03
Paul T Buonaiuto
Print or Type Name of Authorized Person

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. 105410		2. Exact name of the limited liability company Easterly Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 469 Centerville Rd Suite 208		City Warwick	State RI
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Paul T Buonaiuto		Contact Title .	
Street Address 469 Centerville Rd Suite 208		City Warwick	State RI
		Zip 02886	
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		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 PAUL T. BUONAIUTO		Address	
Address 469 CENTERVILLE ROAD, SUITE 208		City WARWICK	Zip 02886

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



File Date	<u>10.2.02</u>
Check No.	<u>4640</u>
By:	<u>[Signature]</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 correct.


 Signature of Authorized Person Date 9/26/02
Paul T Buonaiuto
 Print or Type Name of Authorized 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 Number DLIC 105410

Annual Report for the year 2001

1. The name of the limited liability company is:

Easterly Associates, LLC

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

469 Centerville Road, Warwick, RI 02886

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: SANDRA MATRONE MACK, SEC.

HASLAW, LLC 1500 FLEET CENTER 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: Gustin L. Buonaiuto

469 Centerville Road, Warwick, RI 02886

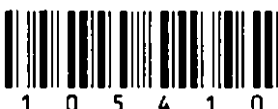
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate

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

Name

Address

Dated 9/26/01



1 0 5 4 1 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

Exact Name of Limited Liability Company

By Sandra Matrone Mack

Resident Agent

Sec, HASLAW, LLC

Title

FOR SECRETARY OF STATE USE ONLY
File Date: **FILED**

Check No.: SEP 27 2001

By: By 138349

Form No. 632
Revised 01/99

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

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 DLIC 105410

Annual Report for the year 2000

1. The name of the limited liability company is:

Easterly Associates, LLC

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

469 Centerville Road, Warwick, RI 02886

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: SANDRA MATRONE MACK, SEC.

HASLAW, LLC 1500 FLEET CENTER 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: Gustin L. Buonaiuto

469 Centerville Road, Warwick, RI 02886

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

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

None

Dated November 29, 2000



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

Exact Name of Limited Liability Company

By Sandra Matrone Mack
Resident Agent
Secretary, HASLAW, LLC
Title

FOR SECRETARY OF STATE USE ONLY
File Date: **FILED**

Check No.: NOV 30 2000

By: CC 131947

Form No. 832
Revised 01/99