



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. 103411		2. Exact name of the limited liability company ANDRADE RI REALTY, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island ownership and development of real estate and any other lawful purpose			
5. Principal office address 40 Carrie Avenue			City East Providence	State RI	Zip 02916-0000
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name The Alfredo Andrade Revocable Trust - 2002			Contact Title Member		
Street Address 40 Carrie Avenue			City East Providence	State RI	Zip 02916-0000
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name N/A			Manager Name		
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 Manuel P. Andrade			Address 40 Carrie Avenue		
Address <i>Manuel P. Andrade</i>			City East Providence	State RI	Zip 02916

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

File Date	<u>9/9/05</u>
Check No.	<u>212</u>
By:	<u>DA</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.

Alfredo Andrade September 6, 2005
Signature of Authorized Person Date
The Alfredo Andrade Revocable Trust - 2002
By: **Alfredo Andrade, Trustee**
Print or Type Name of Authorized Person

Member



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. 103411		2. Exact name of the limited liability company ANDRADE RI REALTY, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island ownership and development of real estate and any other lawful purpose			
5. Principal office address 40 Carrie Avenue			City East Providence	State RI	Zip 02916-0000
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name The Alfredo Andrade Revocable Trust - 2002			Contact Title Member		
Street Address 40 Carrie Avenue			City East Providence	State RI	Zip 02916-0000
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name N/A			Manager Name		
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 Manuel P. Andrade			Address 40 Carrie Avenue		
Address			City East Providence	State RI	Zip 02916

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.

Alfredo Andrade September 7, 2004
Signature of Authorized Person Date

The Alfredo Andrade Revocable Trust - 2002
Print or Type Name of Authorized Person
By: **Alfredo Andrade, Trustee**
Member

File Date	<u>9/13/04</u>
Check No.	<u>172</u>
By:	<u>DA</u>
FOR SECRETARY OF STATE USE ONLY	



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. 103411		2. Exact name of the limited liability company ANDRADE RI REALTY, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island ownership and development of real estate and any other lawful purpose	
5. Principal office address 40 Carrie Avenue		City East Providence	State RI
		Zip 02916-0000	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name The Alfredo Andrade Revocable Trust - 2002		Contact Title Member	
Street Address 40 Carrie Avenue		City East Providence	State RI
		Zip 02916-0000	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILE IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name N/A		*Manager Name	
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 Manuel P. Andrade		Address 40 Carrie Avenue	
Address		City East Providence	State RI
		Zip 02916	

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

File Date	9-16-03
Check No.	142
By:	[Signature]
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.

Alfredo Andrade September 2, 2003
Signature of Authorized Person Date
The Alfredo Andrade Revocable Trust - 2002
By: **Alfredo Andrade, Trustee**
Print or Type Name of Authorized Person
Member



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. 103411		2. Exact name of the limited liability company ANDRADE RI REALTY, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island ownership and development of real estate and any other lawful purpose	
5. Principal office address 40 Carrie Avenue		City East Providence	State RI
		Zip 02916-0000	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Alfredo Andrade		Contact Title Member	
Street Address 40 Carrie Avenue		City East Providence	State RI
		Zip 02916-0000	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12.(a) (2) / 7-16-52.			
Manager Name N/A		* Manager Name	
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 Manuel P. Andrade		Address 40 Carrie Avenue	
Address		City East Providence	State RI
		Zip 02916	

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

File Date	9-12-02
Check No.	1092
By:	<i>Alfredo Andrade</i>
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.

Alfredo Andrade September 3, 2002
Signature of Authorized Person Date
Alfredo Andrade Member
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

LIMITED LIABILITY COMPANY

ID Number 103411

Annual Report for the year 2001

1. The name of the limited liability company is:

ANDRADE RI REALTY, LLC

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

40 Carrie Avenue East Providence RI 02916-0000

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: Manuel P. Andrade

40 Carrie Avenue East Providence RI 02916

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: Alfredo Andrade

40 Carrie Avenue East Providence RI 02916-0000

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: ownership and development of real estate and any other lawful purpose

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

Name Address

N/A

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.

Date: September 1, 2001

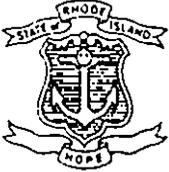
ANDRADE RI REALTY, LLC

Exact Name of Limited Liability Company

9-17-01
CR # 1054
e

By Alfredo Andrade

Alfredo Andrade Member
Title



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number 103411

Annual Report for the year 2000

1. The name of the limited liability company is:

ANDRADE RI REALTY, LLC

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

40 Carrie Avenue, East Providence, RI 02916

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:

Manuel P. Andrade, 40 Carrie Avenue, East Providence, RI 02916

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:

Manuel P. Andrade, 40 Carrie Avenue, East Providence, RI 02916

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, list the name and address of each manager:

Name

Address

n/a

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.

Date: September 1, 2000

ANDRADE RI REALTY, LLC

Exact Name of Limited Liability Company

*10/2
#1002*

By Alfredo Andrade

Alfredo Andrade, Member

Title

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 LL 103411

Annual Report for the year 1999

1. The name of the limited liability company is:

ANDRADE RI REALTY, LLC

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

40 Carrie Avenue, East Providence, RI 02916

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: MANUEL P. ANDRADE

40 CARRIE AVENUE EAST PROVIDENCE, RI 02916

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: Manuel P. Andrade

40 Carrie Avenue
East Providence, RI 02916

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: ownership and development of real estate and other lawful purposes

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

Name

Address

n/a

Dated 10/29/99

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.



* 1 0 3 4 1 1 *

ANDRADE RI REALTY, LLC

Exact Name of Limited Liability Company

By Manuel P. Andrade

Manuel P. Andrade, Member

Title

FOR SECRETARY OF STATE USE ONLY
File Date: PAID
Check No.: NOV 04 1999
By: SEC'Y OF STATE

Form No. 632
Revised 01/99