

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

FORM MUST BE	TYPED OR PRINTED	IN BLACK)				
<i>I. ID No.</i> 103412	2. Exact name of the limited liability company BobaLou, L.L.C.					
3. State of Formatte	State of Formation 4 Brief description of the character of the business which is actually conducted in Rhode Island					
RHODE ISLAND ACQUIRING, DEVELOPING, LEA			ASING AND SELLING REAL ESTATE			
5. Principal office address P.O. BOX 20701			Ctry CRANSTON	State RI	7 <i>Ip</i> 02920	
6. MAILING A	DDRESS OF LIM	ITED LIABILITY COMP.	ANY AND NAME OR TITLE	OF CONTACT PE	RSON:	
Contact Name			Contact Title			
ROBERT CIO	CERONE		•			
Street Address		· ·	City	State	Ир	
248 BELVEDE	ERE DRIVE		• CRANSTON	RI	02920-	
Manager Name			G ATTACHMENTS ☆ ("X" BOX UIRES FILING OF AMENDMENT. • Manager Name			
ŭ			• manages wante			
Robert Cice	erone		• Street Address			
Street Address			• Sireet Adaress			
248 Belvede		In.	•	10-1-	Lave	
City	State	<i>Ζφ</i>	City	State	Zip	
Cranston	JRI .	02920				
Manager Name			Manager Name			
Street Address			•Street Address		· - -	
Ctty	State	Zφ	City	State	Zip	
Q DESIDENT A	CENT IN PHONE	ISLAND DO NOT ALTER C	hanges require filing of	 	7-16-11 (1962) 7-12-20 (1962)	
Agent Name	GENT IN RELOCATION	1012E-10-00 NOT AETEN-C	Address		(a Paralina)	
· ·	DIGIANFILIPPO	ESQ.	50 PARK ROW W	EST, SUITE 111	L	
Address		-	City	City Zip		
VIEIRA & DIGIANFILIPPO LTD.			PROVIDENCE 02903		02002	

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



103412	DLLC 09/07/95 03:11:41 PM
File Date_	/0/27/05
Check No.	2193
By;	02/2
FOR SECR	ETARY 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

aner

Robert Ocerone, Manager

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

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company I ID No 103412 BobaLou, L.L.C. 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation ACQUIRING, DEVELOPING, LEASING AND SELLING REAL ESTATE RHODE ISLAND Zip 5. Principal office address City CRANSTON RI 02920 P.O. BOX 20701 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name ROBERT CICERONE City State Zip Street Address CRANSTON RΙ 02920-248 BELVEDERE DRIVE 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 Robert Cicerone Sireei Address Sircei Address 248 Belvedere Drive Zip State City State City 02920 Rhode Island Cranston Manager Name Manager Name ·Street Address Street Address Zip Siale City State City 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address 50 PARK ROW WEST, SUITE 111 STEPHEN J. DIGIANFILIPPO, ESQ. City Zip Address PROVIDENCE 02903 VIEIRA & DIGIANFILIPPO LTD.

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

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Ву:	W.						
FOR SECRE	TARY OF S	ΤΑΤΙ	E US	SE O	NLY	,	

Under penalty of perjury, I declare and affir	
this report, including any accompanying sc	hedules and statements,
and that all statemones contained herein are	true and correct/
n#11.	
	1. 1.11
Want ware	10/19/09
Signature of Mulliprized Person	Date
pignature of valiforized Person	Dute / /
Dehart Ciassons Manager	,
//Robert Cicerone, Manager	
Print or Type Name of Authorized Person	
	Form 632 Rev. 6/02



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

I. ID No.	YPED OR PRINTED IN BLA 2. Exact name of the lin	nited liabilty company					
103412	BobaLou, L.L.C.						
3. State of Formation	n 4. Brief descrip	tion of the character of the	business which is actually conducted	d in Rhode Island			
RHODE ISLAN	ND	, DEVELOPING, LE	ASING AND SELLING REAL	ESTATE			
5. Principal office a	nddress		City	State	Zip		
P.O. BOX 20	701		CRANSTON	RI	02920		
6. MAILING AL	DDRESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT P	ERSON:		
Contact Name			Contact Title				
ROBERT CIC	ERONE		•				
Street Address			City	State	Zip		
248 BELVEDE	RE DRIVE		. CRANSTON	RI	02920-		
7. NAME AND A	ADDRESS OF EACH M	ANAGER OF THE	LIMITED LIABILITY COM	IPANY, IF APPLI	CABLE		
	FILL IN S	PACES BEFORE USING	ATTACHMENTS ("X" BOX .	FOR ATTACHMENT)			
	ANY MODIFICATIONS	TO MANAGERS REQU	IRES FILING OF AMENDMENT.	R.I.G.L 7-16-12 (a) (2	2) / 7-16-52		
Manager Name			• Manoger Name				
Robert Cice	rone		•	•			
Street Address	-		*Street Address	Street Address			
248 Belvede	re Drive		•	•			
City	State	Zip	*City	State	Zıp		
Cranston	Rhode Is	land 02920	•				
Manager Name			*Manager Name	!			
Street Address			•Street Address				
		T=-					
City	State	Ziρ	.Cîry	State	Zip		
		<u> </u>					
8. RESIDENT AC	JENT IN KHODE ISLAN	D-DO NOT ALTER- CI	nanges require filling of F	orm 642 - R.I.G.L	. 7-16-11		
•				Address			
STEPHEN J. D	DIGIANFILIPPO, ESQ.			50 PARK ROW WEST, SUITE 111			
Address			City	City			
Address	VIEIRA & DIGIANFILIPPO LTD.			PROVIDENCE 02903			

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



103412 DLLC 09/04/03 03:35:49 PM			
File Date	761	03	
Check No.			
By:	DA		
FOR SECRETARY	OF STATE (JSE 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 Allihorized Person

Date

JAMAN, TE C SANTICH THE

Print or Type Name of Authorized Person

Diamante C. Santilli, Jr., MemberForm 632 Rev. 6/02



Edward S. Inman, 111, 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 liability company 103412 BobaLou, L.L.C. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING, LEASING AND SELLING REAL ESTATE **RHODE ISLAND** 5. Principal office address State Zip Post Office Box 20701 Cranston Rhode_Island 02920 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Robert Cicerone Manager Sircei Address City Zip 248 Belvedere Drive Cranston <u>Rhode Island</u> 02920 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 Robert Cicerone Street Address * Street Address 248 Belvedere Drive Cin State Zip State Zip Cranston 02920 Rhode Island Manager Name Manager Name Street Address ·Street Address City Stare Zip State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.C.L. 7-16-11 STEPHEN DIGIANFILIPPO VIEIRA & DIGIANFILIPPO P.C. Address City 50 PARK ROW WEST, SUITE 100 **PROVIDENCE** 02903

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



File Date	11-6-02
Check No	2070
В <u>у:</u>	de
FOR SECRETAI	RY OF STATE USE ONLY

Under penalty of perjury, I declare a this report, including any accompan	
and that all statements contained he	
Polent Luce	me
Signature of Authorized Person	Date
	TRINE
Print or Type Name of Authorized Perso	on

By:



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



Form No. 632

Revised 01/99

LIMITED LIABILITY COMPANY

ID	Number DLLC 103412	Annual Report for the year 2001			
The name of the limited liability company is:		any is:			
	BobaLou, L.L.C.				
2.	The address of the principal office of	the limited liability company is:			
	Post Office Box 20701, Cran	ston, Rhode Island 02920			
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: STEPHEN J. DIGIANFILIPPO, ESQ.					
	VIEIRA & DIGIANFILIPPO P.C. 50 PA	ARK ROW WEST, SUITE 100 PROVIDENCE RI 02903			
5.	The current mailing address of the lim	nited liability company and the name or title of a person to whom communications			
	may be directed are: Stephen J. DiGianfilippo, Esq., Vieira & DiGianfilippo Ltd.				
	50 Park Ro	w West, Suite 100, Providence, Rhode Island 02903			
6.	6. A brief statement of the character of the business in which the limited liability company is actually engaged in acquiring, developing, leasing and selling real estate or to engage in any state; other business that the members deem desirable.				
7.	If the limited liability company has ma Name	nagers, the name and address of each manager of the limited liability company Address			
	Robert Cicerone	248 Belvedere Drive, Cranston, Rhode Island 02920			
Da	ated 10 /2 / ,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. Boobalou, L.L.C.			
	FOR SECRETARY OF STATE USE ONLY Date: 10 - 25 - 0 1	By Robert Olcerone, Manager 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 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID	Number	DLLC	103412

By:

Annual Report for the year 2000

	Mulliper DELO 100112	·			
1.	1. The name of the limited liability company is:				
	BobaLou, L.L.C.				
2.	The address of the principal office of the	ne limited liability company is:			
Post Office Box 20701, Cranston, Rhode Island 02920		ston, Rhode Island 02920			
3.	The state or other jurisdiction under th	e laws of which it is formed is RHODE ISLAND			
4.	The state of the register agent in STEPHEN I DIGIANEILIPPO				
VIEIRA & DIGIANFILIPPO P.C. 50 PARK ROW WEST, SUITE 100 PROVIDENCE RI 02903					
5.		ited liability company and the name or title of a person to whom communications			
-		DiGianfilippo, Esq., Vieira & DiGianfilippo			
	50 Park Row West, Suite 100, Providence, Rhode Island 02903				
6.	A brief etatement of the character of	the business in which the limited liability company is actually engaged in this leasing and selling real estate or to engage in any			
7.	If the limited liability company has ma	nagers, the name and address of each manager of the limited liability company Address			
	Robert Cicerone	248 Belvedore Drive, Cranston, Rhode Island 02920			
Da	ated October 2 6 ,2000	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and			
	AL HAN GALAR WAN ALEAN WATER HE	that all statements contained herein are true and correct.			
	1 0 3 4 1 2	BobaLou, L.L.C. Exact Name of Limited Liability Company			
	FOR SECRETARY OF STATE USE ONLY	By folat (wowe			
Fil	e Date: 10/27	Robert Cirerone			
Ch	eck No.: 1053	/ Managet / Title Form No. 632			
Rv	e de	Revised 01/99			

Filing Fee: \$50.00

Check No.:

By:

To be filed annually between September 1 and November 1

Form No. 632

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

D	Number <u>LL 103412</u>	Annual Report for the year 1999
1.	The name of the limited liability company is:	
	BobaLou, L.L.C.	
2.	The address of the principal office of the limit	ited liability company is:
	P.O. Box 20701 Cranston,	RI 02920
3.	The state or other jurisdiction under the laws	s of which it is formed is RHODE ISLAND
4.	The name and address of its resident agent	is: JONATHAN V. KALANDER, ESQ
	KALANDER & ASSOCIATES 146 WESTMIT	NSTER STREET PROVIDENCE, RI 02903
5.	The current mailing address of the limited lia	ability company and the name or title of a person to whom communications
	may be directed are: Jonathan V. Ka	lander 146 Westminster Street
	Providence, RI 02903	
6.	A brief statement of the character of the b	usiness in which the limited liability company is actually engaged in this
p 7.	roperty and for engaging in	any valid business purpose that the members the name and address of each manager of the limited liability company Address
	Robert L. Cicerone	248 Belvedere Drive Cranston, RI 02920
		<u> </u>
Da	ted 10-14-99	Under penalty of perjury, I declare and affirm that I have examined this
	I 180181 HOR BOTON HILL BITTE HORD HIT TOOK	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
		BobaLou, L.L.C.
	* 1 0 3 4 1 2 *	Exact Name of Limited Liability Company
::16	FOR SECRETARY OF STATE USE ONLY Date: //-/8-99	By Wat I Grenone
110	Date. ///-///	1,500 0 0 1 1