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.	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
RHODE ISLAND	ACQUIRING, DEVELOPING, LEASING AND SELLING REAL ESTATE

5. Principal office address	City	State	Zip
P.O. BOX 20701	CRANSTON	RI	02920

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
ROBERT CICERONE	

Street Address	City	State	Zip
248 BELVEDERE DRIVE	CRANSTON	RI	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	Street Address	City	State	Zip
Robert Cicerone	248 Belvedere Drive	Cranston	RI	02920

Manager Name	Street Address	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	Address	City	Zip
STEPHEN J. DIGIANFILIPPO, ESQ.	50 PARK ROW WEST, SUITE 111	PROVIDENCE	02903
VIEIRA & DIGIANFILIPPO LTD.			

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

[redacted] 103412 [redacted]

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.

Robert Cicerone 10/16/05
Signature of Authorized Person *Date*

Robert Cicerone, Manager
Print or Type Name of Authorized Person

[redacted]

103412 DLLC 09/07/05 03:11:41 PM
File Date 10/27/05
Check No. 2193
By:
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

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

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. 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
RHODE ISLAND	ACQUIRING, DEVELOPING, LEASING AND SELLING REAL ESTATE

5. Principal office address	City	State	Zip
P.O. BOX 20701	CRANSTON	RI	02920

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
ROBERT CICERONE	

Street Address	City	State	Zip
248 BELVEDERE DRIVE	CRANSTON	RI	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	
City / State / Zip	**City / State / Zip**
Cranston / Rhode Island / 02920	
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	Address
STEPHEN J. DIGIANFILIPPO, ESQ.	50 PARK ROW WEST, SUITE 111
Address	**City / Zip**
VIEIRA & DIGIANFILIPPO LTD.	PROVIDENCE 02903

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

[redacted] 1 0 3 4 1 2 [redacted]

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.

Robert Cicerone 10/14/04
Signature of Authorized Person *Date*

Robert Cicerone, Manager
Print or Type Name of Authorized Person

[redacted]

File Date	10/25/04
Check No.	2155
By:	WD

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

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 2003

Filing Period: September 1 - November 1 ● *Filing Fee: $50.00*

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liabilty 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
RHODE ISLAND	ACQUIRING, DEVELOPING, LEASING AND SELLING REAL ESTATE

5. Principal office address	City	State	Zip
P.O. BOX 20701	CRANSTON	RI	02920

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
ROBERT CICERONE	

Street Address	City	State	Zip
248 BELVEDERE DRIVE	CRANSTON	RI	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	Street Address	City	State	Zip
Robert Cicerone	248 Belvedere Drive	Cranston	Rhode Island	02920

Manager Name	Street Address	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	Address	City	Zip
STEPHEN J. DIGIANFILIPPO, ESQ.	50 PARK ROW WEST, SUITE 111	PROVIDENCE	02903
VIEIRA & DIGIANFILIPPO LTD.			

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

[redacted] 1 0 3 4 1 2 [redacted]

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.

10/03/03
Signature of Authorized Person *Date*

DIAMANTE C SANTILLI JR
Print or Type Name of Authorized Person
Diamante C. Santilli, Jr., Member

103412 DLLC 09/04/03 03:35:49 PM
File Date 10/9/03
Check No.
By: DA
FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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)

1. 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
RHODE ISLAND	ACQUIRING, DEVELOPING, LEASING AND SELLING REAL ESTATE

5. Principal office address	City	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

Street Address	City	State	Zip
248 Belvedere Drive	Cranston	Rhode Island	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	Street Address	City	State	Zip
Robert Cicerone	248 Belvedere Drive	Cranston	Rhode Island	02920

Manager Name	Street Address	City	State	Zip

Manager Name	Street Address	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	Address
STEPHEN DIGIANFILIPPO	VIEIRA & DIGIANFILIPPO P.C.

Address	City	Zip
50 PARK ROW WEST, SUITE 100	PROVIDENCE	02903

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

[redacted]

* 1 0 3 4 1 2 *

[redacted]

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.

Robert L Cicerone
Signature of Authorized Person *Date*

ROBERT L CICERONE
Print or Type Name of Authorized Person

[redacted]

File Date 11-6-02

Check No. 2070

By: [redacted]

FOR SECRETARY OF STATE USE ONLY

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 Number DLLC 103412 **Annual Report for the year** 2001

1. The name of the limited liability company is:

   BobaLou, L.L.C.

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

   Post Office Box 20701, Cranston, 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 PARK ROW WEST, SUITE 100 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: Stephen J. DiGianfilippo, Esq., Vieira & DiGianfilippo Ltd.

   50 Park Row West, Suite 100, Providence, Rhode Island 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: acquiring, developing, leasing and selling real estate or to engage in any other business that the members deem desirable.

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

Name	*Address*
Robert Cicerone	248 Belvedere Drive, Cranston, Rhode Island 02920

Dated 10/21, 2001

1 0 3 4 1 2

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.
Exact Name of Limited Liability Company

By Robert L. Cicerone 10/21/01
Robert Cicerone, Manager
Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY
File Date: 10-25-01
Check No.: 2038
By:

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 obtained by contacting this office at 401-222-3040, or from our web site at www.state.ri.us

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 DLLC 103412 **Annual Report for the year** 2000

1. The name of the limited liability company is:

   BobaLou, L.L.C.

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

   Post Office Box 20701, Cranston, 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

   VIEIRA & DIGIANFILIPPO P.C. 50 PARK ROW WEST, SUITE 100 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: Stephen J. DiGianfilippo, Esq., Vieira & DiGianfilippo

   50 Park Row West, Suite 100, Providence, Rhode Island 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: acquiring, developing, leasing and selling real estate or to engage in any other business that the members deem desirable.

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

Name	*Address*
Robert Cicerone	248 Belvedere Drive, Cranston, Rhode Island 02920

Dated October 26, 2000

1 0 3 4 1 2

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.

BobaLou, L.L.C.
Exact Name of Limited Liability Company

By Robert Cicerone

Robert Cicerone
Manager
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	10/27
Check No.:	1053
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

LIMITED LIABILITY COMPANY

ID Number LL 103412 **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 limited liability company is:

   P.O. Box 20701 Cranston, RI 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: JONATHAN V. KALANDER, ESQ

   KALANDER & ASSOCIATES 146 WESTMINSTER STREET 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: Jonathan V. Kalander 146 Westminster Street

   Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: acquiring,developing,leasing and dealing in real property and for engaging in any valid business purpose that the members deem desirable.

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

Name	*Address*
Robert L. Cicerone	248 Belvedere Drive Cranston, RI 02920

Dated 10-14-99

* 1 0 3 4 1 2 *

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.

BobaLou, L.L.C.
Exact Name of Limited Liability Company

By Robert L. Cicerone
PRESIDENT
Title

FOR SECRETARY OF STATE USE ONLY
File Date: 10-18-99
Check No.: 1088
By: AMF

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING