

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: Septemi (FORM MUST BE TYPED O		• Filing Fee: \$50	.00				
	2. Exact name of the limit	ted liability company					
132713	MOLENDA PROPER	TIES L.L.C.					
3. State of Formation	1	•	siness which is actually conducted	d in Rhode Island	-		
RHODE ISLAND	PROPERTY	OWNERSHIP.					
5. Principal office address			City	State	Zip		
6. MAILING ADDRES	S OF LIMITED LIAB	ILITY COMPANY AND	NAME OR TITLE OF CO	NTACT PERSON:			
Contact Name	1 nh	/	Contact Title	2 1 4			
Rode	K Molen	da	Fresiden T				
Street Address Same as below			City	State	Zip		
7. NAME AND ADDRI			D LIABILITY COMPANY.	F APPLICABLE			
7. NAME AND ADDRI		PACES BEFORE USING		RE APPLICABLE BOX FOR ATTACHMEN	7) 🗆		
ANY	MODIFICATIONS T	O MANAGERS REQUI	RES FILING OF AMENDM	ENT, R.I.G.L. 7-16-12 ((a) (2) / 7·16·52	•••	
Manager Name NA			Manager Name MA				
Street Address 1	-		Sirvei Address				
City	State	2ip	City	State	Zip		
Manager Name			Manager Name		J		
Sircei Address			Sircet Address				
City	State	Zip	City	State	Zip		
Agent Name RADOSLAW MOLENDA Address			hanges require filing of Address City		Zip		
1703 PLAINFIELD PIKE			JOHNSTON		02919-		
	This report	must be signed in ink t	by an authorized person pu				
File Date O	1) 5 •132713•		including an	ty of perjury, I declare and by accompanying schedules crein are true and correct.	s and statements, and that		
Ву:			Rade	Authorized Person K <u>Molenela</u>	Date '		
FOR SECRETARY	OF STATE USE ONLY		Print or Tyne	Name of Authorized Person	n		



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Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

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I. ID No	2. Exact name of the limite	d Hainlity company		-		
3 State of Formation	MOLENDA PROPER		siness which is actually conducted in Rhoc	de Iclaud		
RHODE ISLAND	' '	OWNERSHIP.	Binasa nizien is demany conducted in KAR	ic Dana		
5 Principal office address	· A	,	City	State	Zip	
1703: Pla	unfield Pi	ke	Johnsten	<u> </u>	02319	
6. MAILING ADDRE	SS OF LIMITED LIABI	LITY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name	doslar 1	lollande.	Contact Title Post .			
Sircer Address	-e		City	State	Zψ	
7 NAME AND ADDI	RESS OF EACH MANA	GER OF THE LIMITE		IICABLE	ا د د ماسد د د	
	FILL IN SP	ACES BEFORE USING	GATTACHMENTS ("X" BOX FO	OR ATTACHMENT)		
AN'	Y MODIFICATIONS TO) MANAGERS REQUI	RES FILING OF AMENDMENT, R	l.i.G.L. 7-16-12 (a) (2) / 7-16-52	
Manager Name			Manager Name			
Street Address			Street Address			
<u> </u>	· •			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
City:	State	Ζφ	City	State	Zip	
Manager Name	······		Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zψ	
	Jame	2.0	G.A.	Jane 1		
	T IN RHODE ISLAND	DO NOT ALTER C	hanges require filing of Form	642 - R.I.G.L. 7-1	6-11	
Agent Name			Address			
RADOSLAW MOLENI	DA		- du		Ζφ	
Address			City.	·		
1703 PLAINFIELD PIL	<u> </u>		JOHNSTON		02919	
i						
ļ	This report of	oust he signed in ink	by an authorized person pursuant	to R I G I - 7-16-6	i6	
į	This report h	iusi be signed in ink	by an amnorized person parsami	10 K.I.O.E. 7-70-0	· · ·	
i		11000 1111 1001				
'						
		11888 1381 1 7 4	Under penalty of pe	reiner I dealers and a	Simuthal I have avaniged this report	
	* 1327	I > *			offirm that I have examined this report and statements, and that all statements	
	1		contained herein an	e true and correct.		
File Date	11104		21	W.X.	9/20/21	
Check No.	111		Signature of Authoriz	ccd Person	1280 9 Dale	
By:	DA		D 1 1	1011	·	
•	RY OF STATE USE ONLY		Print or Type Name	of Authorized Person		



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: Sep	tember I - November 1	Filing Fee: \$5	50.00	OK IIIZ II			
	PED OR PRINTED IN BLAC		<u> </u>				
<i>1. ID No.</i> 132713	2. Exact name of the limited liability company MOLENDA PROPERTIES L.L.C.						
3. State of Formation			e business which is actually conduct	ed in Rhode Island			
RHODE ISLAND	ا م ا	A .	ership	in in annual land			
5. Principal office address			Piry				
1703 PLAINFIELD PIKE			JOHNSTON	RI		02919-	
6. MAJLING ADI	ORESS OF LIMITED (IABILITY COMP.	ANY AND NAME OR TITLE	OF CONTACT P	ERSON:		
Contact Name	adoslaw 1	Molenda	Contact Title Pro	sident			
Street Address	Same		City	State		Zip	
7. NAME AND AI	FILL IN SPA	CES BEFORE USIN	•	FOR ATTACIIMENT)			
Managar Nama	ANY MODIFICATIONS	TO MANAGERS REQ	UIRES FILING OF AMENDMENT.	RJ.G.I. 7-16-12 (8) (2	7-16-52		
Manager Name			• Manager Name •				
Street Address			• Street Address				
City	State	Zip	*City	State		Zip	
Manager Name			*Manager Name		• • • • •	J	
Street Address			·Street Address				
City	State	Zip	•City	State		7ар	
8. RESIDENT AGE	ENT IN RHODE ISLAND	-DO NOT ALTER- C	hanges require filing of	Form 642 - R.I.G.L	. 7-16-11		
Agent Name			Address				
RADOSLAW MO	DLENDA		1703 PLAINFIE	LD PIKE			
Address			City	City		Zip	
1			JOHNSTON	JOHNSTON		02919-	
This report must t	be signed in ink by an	authorized person	n pursuant to 7-16-66.				
-	1 3 2 7 1 3			penjury, I declare and ing any accompanying			
*132713 DLLC File Date 10/2	10/22/03 11:29:31 AM	-	and that all staten	nents contained herein	Date	1 correct.	
By: On		_	Ralvelo	w Molenda	<i>,</i>		
FOR SECRETARY O	F STATE USE ONLY		Print or Type Name	e of Authorized Person		Form 632 Pay 640	