



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. 104113		2. Exact name of the limited liability company THE FIVE C'S, 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 RENTALS			
5. Principal office address 93 BENTLEY STREET		City EAST PROVIDENCE	State RI	Zip 02914-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MICHAEL R CAVACO Contact Title MANAGER					
Street Address 137 BOURNE AVE		City RUMFORD	State RI	Zip 02916	
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 JOSEPH CAVACO		Manager Name MICHAEL R CAVACO			
Street Address 5 THIRD STREET		Street Address 137 BOURNE AVENUE			
City BARRINGTON	State RI	Zip 02806	City RUMFORD	State RI	Zip 02916
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 DAVID DIPALMA, ESQ.			Address 138 WARREN AVENUE		
Address			City EAST PROVIDENCE	Zip 02914	

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



1 0 4 1 1 3

104113 DLLC 10/10/05 02:19:44 PM	
File Date	11/1/05
Check No.	5637
By:	KMC
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 10-22-05
MICHAEL CAVACO
Print or Type Name of Authorized Person



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. 104113		2. Exact name of the limited liability company THE FIVE C'S, 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 RENTALS			
5. Principal office address 93 BENTLEY STREET		City EAST PROVIDENCE	State RI	Zip 02914-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MICHAEL R CAVACO		Contact Title MANAGER			
Street Address 93 BENTLEY STREET		City EAST PROVIDENCE	State RI	Zip 02914-	
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 JOSEPH M. CAVACO		Manager Name MICHAEL R CAVACO			
Street Address 5 THIRD STREET		Street Address 93 HAZELWOOD AVE			
City BARRINGTON	State RI	Zip 02806	City EAST PROVIDENCE	State RI	Zip 02914
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 DAVID DIPALMA, ESQ.		Address 138 WARREN AVENUE			
Address		City EAST PROVIDENCE		Zip 02914	

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



1 0 4 1 1 3

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

Print or Type Name of Authorized Person

104113 DLLC 09/14/04 12:17:32 PM

File Date 11/4/04

Check No. 5958

By W.

FOR SECRETARY OF STATE USE ONLY



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. 104113		2. Exact name of the limited liability company THE FIVE C'S, 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 RENTALS	
5. Principal office address 93 BENTLEY STREET		City EAST PROVIDENCE	State RI
		Zip 02914-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MICHAEL R CAVACO		Contact Title	
Street Address 93 BENTLEY STREET		City EAST PROVIDENCE	State RI
		Zip 02914-	
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 JOSEPH M. CAVACO		Manager Name MICHAEL R CAVACO	
Street Address 5 THIRD ST		Street Address 93 HAZELWOOD AVE	
City BARRINGTON	State RI	City EAST PROVIDENCE	State RI
Zip 02806		Zip 02914	
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 DAVID DIPALMA, ESQ.		Address 138 WARREN AVENUE	
Address		City EAST PROVIDENCE	Zip 02914

FILED

NOV 07 2003

by KMC
C11336

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



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104113 DLLC 09/22/03 12:44:46 PM

File Date _____

Check No. _____

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.

Joseph M. Cavaco Oct 19, 2003
Signature of Authorized Person Date

JOSEPH CAVACO

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. 104113		2. Exact name of the limited liability company THE FIVE C'S, 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 RENTALS	
5. Principal office address 93 BENTLEY STREET		City EAST PROVIDENCE	State RI
		Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MICHAEL R. CAVACO		Contact Title MEMBER/MANAGER	
Street Address 93 BENTLEY ST		City EAST PROVIDENCE	State RI
		Zip 02914	
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 JOSEPH MICHAEL CAVACO		Manager Name MICHAEL ROBERT CAVACO	
Street Address 5 THIRD STREET		Street Address 93 HAZELWOOD AVE	
City BARRINGTON	State RI	City EAST PROVIDENCE	State RI
Zip 02806		Zip 02914	
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 DAVID DIPALMA, ESQ.		Address	
Address 138 WARREN AVENUE		City EAST PROVIDENCE	Zip 02914

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



* 1 0 4 1 1 3 *

FILED

OCT 31 2002

By AMP
294816

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.

Michael R. Cavaco 10-28-02
Signature of Authorized Person Date

MICHAEL R. CAVACO

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____

FOR SECRETARY OF STATE USE ONLY



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 104113

Annual Report for the year 2001

1. The name of the limited liability company is:

THE FIVE C'S, LLC

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

93 Bentley Street, East Providence, RI 02914

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: DAVID DIPALMA, ESQ.

138 WARREN AVENUE EAST PROVIDENCE RI 02914

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: Michael R. Cavaco, Member/Manager

93 Bentley Street East Providence, RI 02914

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

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

Joseph Michael Cavaco

5 Third Street, Barrington, RI 02806

Michael Robert Cavaco

93 Hazelwood Avenue, East Providence, RI 02914

Dated 10/21/2001



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.

The Five C's, LLC

Exact Name of Limited Liability Company

By

Joseph M. Cavaco
Joseph M. Cavaco, Member/Manager

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	FILED
Check No.:	NOV 19 2001
By:	<u>By CC 4507</u>

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 104113

Annual Report for the year 2000

1. The name of the limited liability company is:

THE FIVE CS, LLC

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

93 Bentley Street East Providence, RI 02914

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: DAVID DIPALMA, ESQ.

138 WARREN AVENUE EAST PROVIDENCE RI 02914

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: Michael R. Cavaco

93 Bentley Street, East Providence, RI 02914

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

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

Joseph Michael Cavaco

5 Third Street Barrington, RI 02806

Michael Robert Cavaco

93 Hazelwood Avenue East Providence, RI 02914

Dated Oct 25, 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.

The Five C's, LLC

Exact Name of Limited Liability Company

By x

Joseph M. Cavaco
President
Title

FOR SECRETARY OF STATE USE ONLY

File Date: 11-15-00

Check No.: 4413

By: SA