



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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 108214		2. Exact name of the limited liability company MINTURN-METACOM, 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 DEVELOPMENT	
5. Principal office address 370 Metacom Avenue		City Bristol	State RI
		Zip 02809	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Lisa S. Fonseca		Contact Title	
Street Address 370 Metacom Avenue		City Bristol	State RI
		Zip 02809	
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 Lisa S. Fonseca		Manager Name	
Street Address 41 Sandra Ct.		Street Address	
City Bristol	State RI	Zip 02809	
Manager Name		Manager Name	
Street Address		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 LISA FONSECA		Address	
Address 41 SANDRA COURT		City BRISTOL	Zip 02809

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



File Date	10/24/05	*108214*
Check No	232	
By:	CXC	
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.

Lisa S. Fonseca 10-20-05  
Signature of Authorized Person Date  
Lisa S. Fonseca  
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. 108214		2. Exact name of the limited liability company MINTURN-METACOM, 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 DEVELOPMENT	
5. Principal office address 41 Sandra Court		City Bristol	State RI
		Zip 02809	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Lisa S. Fonseca		Contact Title	
Street Address 41 Sandra Court		City Bristol	State RI
		Zip 02809	
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 Lisa S. Fonseca		Manager Name	
Street Address 41 Sandra Court		Street Address	
City Bristol	State RI	Zip 02809	
Manager Name		Manager Name	
Street Address		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 LISA FONSECA		Address	
Address 45 SANDRA COURT		City BRISTOL	Zip 02809

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
SEP 21 12 21 PM '04

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



\* 1 0 8 2 1 4 \*

FILED

File Date

SEP 21 2004

Check No.

By: 45543 GAB

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.

Lisa S. Fonseca 9/20/04  
Signature of Authorized Person Date

Lisa S. Fonseca  
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 2003**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 108214		2. Exact name of the limited liability company MINTURN-METACOM, 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 DEVELOPMENT	
5. Principal office address 45 Sandra Court		City Bristol	State R.I.
		Zip 02809	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Lisa S. Fonseca		Contact Title	
Street Address 45 Sandra Ct.		City Bristol	State RI
		Zip 02809	
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 Lisa S. Fonseca		Manager Name	
Street Address 45 Sandra Court		Street Address	
City Bristol	State RI	City	State
Zip 02809		Zip	
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 LISA FONSECA		Address	
Address 45 SANDRA COURT		City BRISTOL	Zip 02809

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



File Date	11/21/03
Check No.	147
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.

11-19-03  
Signature of Authorized Person Date  
  
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. 108214		2. Exact name of the limited liability company MINTURN-METACOM, 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 DEVELOPMENT	
5. Principal office address 45 Sandra Court		City Bristol	State RI
		Zip 02809	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Lisa S. Fonseca		Contact Title	
Street Address 45 Sandra Court		City Bristol	State RI
		Zip 02809	
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 Lisa S. Fonseca		Manager Name	
Street Address 45 Sandra Court		Street Address	
City Bristol	State RI	City	State
Zip 02809		Zip	
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 LISA FONSECA		Address	
Address 45 SANDRA COURT		City BRISTOL	Zip 02809

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



\*108214\*

File Date	11-13-02
Check No.	113
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.

Signature of Authorized Person Date 11-12-02  
Lisa S. Fonseca  
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  
Telephone (401) 222-3040

**LIMITED LIABILITY COMPANY**

ID Number DLLC 108214

Annual Report for the year 2001

1. The name of the limited liability company is:

MINTURN-METACOM, LLC

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

45 Sandra Court Bristol RI 02809

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: LISA FONSECA

45 SANDRA COURT BRISTOL RI 02809

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: Lisa Fonseca

45 Sandra Ct. Bristol RI 02809

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

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

Name	Address
<u>Lisa Fonseca</u>	<u>45 Sandra Ct. Bristol RI 02809</u>
_____	_____
_____	_____

Dated 9-20-01



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.

Minturn-Metacom, LLC  
Exact Name of Limited Liability Company

By Lisa S. Fonseca  
Manager  
Title

Form No. 632  
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-18-01</u>
Check No.:	<u>110</u>
By:	<u>[Signature]</u>

DETACH BOTTOM BEFORE RETURNING

Please detach the above section including the amount of \$50.00 made payable to Secretary of State. If the

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 108214

Annual Report for the year 2000

1. The name of the limited liability company is:

MINTURN-METACOM, LLC

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

45 Sandra Court Bristol RI 02809

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: LISA FONSECA

45 SANDRA COURT BRISTOL RI 02809

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: Lisa Fonseca

45 Sandra Cte Bristol RI 02809

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

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

Name	Address
_____	_____
_____	_____
_____	_____

Dated 10-16-00



1 0 8 2 1 4

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.

Minturn-Metacom, LLC  
Exact Name of Limited Liability Company

By Lisa S. Fonseca  
Registered Agent  
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10/27</u>
Check No.:	<u>106</u>
By:	<u>ec</u>