

Matthew A. Brown, Secretary of State Corporations Division 148 W. River Street, Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

1. ID No. 2. Exact name of the limited liability company			· ·				
100315	1	ne-Elson, LL					
3. State of Formation	On		•	business which is actually conducte	ed in Rhode Island		
RHODE ISLA	ND	REAL ESTA	TE DEVELOPMENT				
5. Principal office	address	<u> </u>		City	State	Zip	
75 LAMBERT	LIND HI	GHWAY		WARWICK	RI	02228-06000	
6. MAILING A Contact Name JOHN G PIC		OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE Contact Title	OF CONTACT PE	RSON:	
Street Address			•	City	State	Zip	
75 LAMBERT	LIND HIG	HWAY		WARWICK	RI	02886-	
Munager Name		ODIFICATIONS	TO MANAGERS REQU	IRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 *Manager Name			
Raymond M (Jritescu			John G. Picerr	ne		
Street Address				*Street Address			
75 Lambert	Lind Hig	ghway		.75 Lambert Lind Highway			
City		State	Zip	·City	State	Zip	
Warwick	<i></i>	RI	02886	Warwick	RI	02886	
Manager Name				*Manuger Name			
Street Address	<u>.</u>			·Street Address			
City		State	Zip	Cuy	State	Zip	
	GENT IN R	HODE ISLAN	D -DO NOT ALTER- CH	nanges require filing of i	Form 642 · R.I.G.L.	7-16-11	
Agent Nume				Address			
1011110 010	ERNE			75 LAMBERT LI			
JOHN G. PIČ	Address			City		Zin	
JOHN G. PIC				10,		E.p	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



100315 DLLC 03/30/06 03:19:35 PM	
File Dutc 7/27/06	
Check No. <u> </u>	
B _{V.} 1 3	
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.

Raymond M Uritescu



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 1. ID No. 100315 Picerne-Elson, LLC 3. State of Formation 1. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE DEVELOPMENT RHODE ISLAND 5. Principal office address State WARWICK RI 75 LAMBERT LIND HIGHWAY 02228-06000 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name JOHN G PICERNE Street Address City State Zip WARWICK 02886-RI 75 LAMBERT LIND HIGHWAY 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 Raymond M. Uritescu John G. Picerne · Street Address Street Address 75 Lambert Lind Highway 75 Lambert Lind Highway State Zip City State City Zin 02886 02886 Warwick RI Warwick RI Manager Name Manager Name ·Sircet Address Strect Address City Zυ State Zip State City 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 75 LAMBERT LIND HIGHWAY JOHN G. PICERNE City Zip Address WARWICK 02886

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



100315	DLLC 10/	Q1/04	10:52:49 AM
File Date_	1017	OH	
Check No	1981	, ·	
<i>B_{Y:}</i>	Ü,		
FOR SECR	ETARY OF S	TATE L	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.

10-5-04

hature of Authorized Person Date

John G. Picerne
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 $\frac{2003}{1}$

	nber 1 -	November 1	Filing Fee: \$50.	00				
FORM MUST BE TYPE								
1. ID No. 100315	Piceme	name of the limited liabilty company ne-Elson, LLC						
3. State of Formation			•	usiness which is actually condu	cted in Rhode Island			
RHODE ISLAND		REAL ESTA	TE DEVELOPMENT					
5. Principal office addre 75 LAMBERT LIN		HWAY		City WARWICK	State RI	Zip 02228-06000		
6. MAILING ADDR Contact Name JOHN G PICERNE		<u>ГІМІТЕВ</u>	LIABILITY COMPAN	Contact Title	E OF CONTACT PE	RSON:		
Street Address				City	State	Zip		
75 LAMBERT LIN	D HIGH	YAW		. WARWICK	RI	02886-		
7. NAME AND ADL		FILL IN S	PACES BEFORE USING	IMITED LIABILITY CO ATTACHMENTS ("X" BO RES FILING OF AMENDMEN • Manager Name	X FOR ATTACHMENT)			
John G. Picerr	ıe			Raymond M. U	Raymond M. Uritescu			
Street Address				• Street Address				
75 Lambert Lir	nd High	hway		.75 Lambert L	.75 Lambert Lind Highway			
City	 -	State	Zip	City	State	Zip		
Warwick]	RI	02886	Warwick	RI	02886		
Manager Name	• • • •			Manager Name				
Street Address				·Sircei Address				
City		State	Zip	City	State	Zip		
8. RESIDENT AGEN	T IN RH	ÍODE ISLAN	D DO NOT ALTER- Ch	anges require filing o	f Form 642 - R.I.G.L.	7-16-11		
JOHN G. PICERN	1E			75 LAMBERT I	IND HIGHWAY			
Address		· <u>-</u>		City	City			
				WARWICK	WARWICK 02886			

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



100315 DLLC	09/30/03 11:48:10 AM
File Date	10.7.03
Check No.	1476
Ву:	<u>a</u>
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

____ 10-6-03

John G. Picerne

Print or Type Name of Authorized Person



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222,3040

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) 2. Exact name of the limited liabilty company I. ID No. *100315* Piceme-Elson, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE DEVELOPMENT 3. State of Formation RHODE ISLAND State 5. Principal office address WARWICK RI 02228-06000 75 LAMBERT LIND HIGHWAY 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name JOHN G PICERNE City State Street Address WARWICK RI 02886-75 LAMBERT LIND HIGHWAY 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 Raymond M. Uritescu John G. Picerne · Street Address Street Address 75 Lambert Lind Highway 75 Lambert Lind Highway State City Zip State Zio City 02886 02886 Warwick RI RΙ Warwick Manager Name Manager Name Street Address -Street Address Zip Vale State Zip City 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Address igent Name 75 LAMBERT LIND HIGHWAY JOHN G. PICERNE Zip Address WARWICK 02886 This report must be signed in ink by an authorized person pursuant to 7-16-66. 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. *100315 DLLC9/3/022:58:46 PM* File Date 36007 Signature of Authorized Person Check No. Print or Type Name of Authorized Person 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



Revised 8/97

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID N	umber _	100315	Annı	ual Report for the year	2001
1.		ne of the limited liability company is:			
2.		ress of the principal office of the limit			
		e or other jurisdiction under the laws	_	Rhode Island	
4.		e and address of its resident agent is obert Lind Highway, Warwick, RI 028			
5.	commu	rent mailing address of the limitenications may be directed are: 75. 3. Picerne	, , ,	wick, RI 02886	erson to whom
6.		statement of the character of the b real estate ownership and develop		ability company is actually	engaged in this
7.	If the lin	nited liability company has managers Name		ach manager of the limited Address	liability company
Dated	JUR	<u>e.11, 2002</u> , 792 <u>002</u>	Under penalty of perjury, I or report, including any accomall statements contained her Picerne-Elson, LLC	panying schedules and sta	
Form	No. LLC-19	JUN 1 4 2002 K # By 3 3 5 6 4	_	Limited Liability Company Title	

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

By:

ID	Number DLLC 100315	Annual Report for the year <u>2000</u>				
1.	The name of the limited liability comp	pany is:				
	Picerne-Elson, LLC					
2.	The address of the principal office of	the limited liability company is:				
	75 Lambert Lind Highw	vay, Warwick, RI 02886				
3.	<u> </u>	the laws of which it is formed is RHODE ISLAND				
4. The name and address of its resident agent is: JOHN G. PICERNE		tagentis: JOHN G. PICERNE				
	75 LAMBERT LIND HIGHWAY WAF	RWICK RI 02886				
5.	The current mailing address of the lir	mited liability company and the name or title of a person to whom communications				
	•	pert Lind Highway, Warwick, RI 02886				
	John G. Picerne					
6.	A brief statement of the character of	A brief statement of the character of the business in which the limited liability company is actually engaged in this				
	state: real estate owners	ship and development				
7.	If the limited liability company has many Name	anagers, the name and address of each manager of the limited liability company **Address**				
Da	tod October 02, 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. Picerne-Elson, LLC				
	100313	Exact Name of Limited Liability Company				
	FOR SECRETARY OF STATE USE ONLY Date:	By John M. ()				
Che	ck No.: CCT 1 2 2880	MEMBER Title				
	0	Farm N = 629				

Revised 01/99



MMI

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

LIMITED LIABILITY COMPANY

lD	Number <u>LL 100315</u>	Annual Report for the year 1999
1.	The name of the limited liability compa	any is:
	Picerne-Elson, LLC	
2.	The address of the principal office of	he limited liability company is:
	75 Lambert Lind Highway, WAr	wick, RI 02886
3.	The state or other jurisdiction under the	ne laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident	agent is: JOHN G. PICERNE
	75 LAMBERT LIND HIGHWAY WAR	RWICK, RI 02886
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.7 <u>5_Lambert_Li</u>	nd Highway, Warwick, PRI 02886 Attn: John Picerne
6. 7.	state: Real Estate Developm	f the business in which the limited liability company is actually engaged in this ent. nagers, the name and address of each manager of the limited liability company
	Name	Address
	Robert M. Picerne	75 Lambert Lind Highway, Warwick, RI 02886
Da	sted <u>Sept. 08, 1999</u>	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.
	* 1 0 0 3 1 5 *	Picerne-Elson, LLC Exact Name of Limited Liability Company
File	FOR SECRETARY OF STATE USE ONLY Date: 9-9-99	Ву
Che	eck No.: 1864	Meruber
	4 o	Form No. 632