



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. 111217		2. Exact name of the limited liability company ALFO Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL PROPERTY	
5. Principal office address P.O. Box 133		City Lincoln	State RI
		Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Richard K. Foster		Contact Title Manager	
Street Address 1064 Great Road		City Lincoln	State RI
		Zip 02865	
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 Richard K. Foster		Manager Name Lawrence N. Altman	
Street Address 1064 Great Road		Street Address 600 Reservoir Avenue	
City Lincoln	State RI	City Cranston	State RI
Zip 02865		Zip 02910	
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 LAWRENCE N. ALTMAN		Address	
Address 600 RESERVOIR AVENUE		City CRANSTON	Zip 02910-

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



File Date	11-02-05	111217
Check No.	1120	
By:	LUP	
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.

Richard K. Foster
Signature of Authorized Person

10/30/05
Date

Richard K. Foster

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
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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. 111217		2. Exact name of the limited liability company ALFO Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL PROPERTY	
5. Principal office address PO BOX 133		City LINCOLN	State RI
		Zip 02865-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name RICHARD K FOSTER		Contact Title	
Street Address 1064 GREAT RD.		City LINCOLN	State RI
		Zip 02865-	
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 Richard K. Foster		Manager Name Lawrence N. Altman	
Street Address See Above		Street Address 600 Reservoir Avenue	
City	State	City	State
		Cranston	RI
Zip		Zip	
		02910	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name LAWRENCE N. ALTMAN		Address 600 RESERVOIR AVENUE	
Address 600 Reservoir Avenue		City CRANSTON	Zip 02910-

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



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111217 DLLC 09/09/04 01:21:23 PM	
File Date	<u>10/1/04</u>
Check No.	<u>1075</u>
By:	<u>RA</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.

Richard K. Foster
Signature of Authorized Person

9/20/04
Date

Richard K. Foster

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. 111217		2. Exact name of the limited liability company ALFO Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL PROPERTY	
5. Principal office address PO Box 133		City Lincoln	State RHODE ISLAND Zip 02865
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Richard K. Foster		Contact Title Partner	
Street Address 1064 Great Road		City Lincoln	State RHODE ISLAND Zip 02865
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 Richard K. Foster		Manager Name Lawrence N. Altman	
Street Address See Above		Street Address 600 Reservoir Avenue	
City Cranston	State Rhode Island	City Cranston	State Rhode Island Zip 02910
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Lawrence N. Altman		Address	
Address 600 Reservoir Avenue		City Cranston	Zip 02910

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



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File Date	10/22/03
Check No.	522
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

10-20-03
Lawrence N Altman
Print or Type Name of Authorized Person



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. 111217		2. Exact name of the limited liability company ALFO Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL PROPERTY			
5. Principal office address PO Box 133		City Lincoln	State RI	Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Richard K. Foster		Contact Title Partner			
Street Address 1064 Great Road		City Lincoln	State RI	Zip 02865	
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 Richard K. Foster		Manager Name Lawrence N. Altman			
Street Address See Above		Street Address 600 Reservoir Avenue			
City Cranston	State RI	Zip 02910			
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 LAWRENCE N. ALTMAN		Address 600 Reservoir Avenue			
Address 600 RESERVOIR AVENUE		City CRANSTON		Zip 02910-	

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



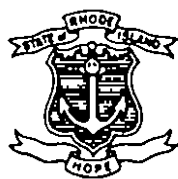
* 1 1 1 2 1 7 *

File Date	9.24.02
Check No.	700
By	Richard K. Foster
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.

Richard K. Foster
Signature of Authorized Person
Date
09/20/02
Richard K. Foster
Print or type Name of Authorized Person

**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

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Annual Report for the year 2001

1. The name of the limited liability company is:
ALFO Associates, LLC
2. The address of the principal office of the limited liability company is:
PO Box 133, Lincoln, RI 02865
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: LAWRENCE N. ALTMAN
600 RESERVOIR AVENUE CRANSTON RI 02910-
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: Lawrence Altman 600 Reservoir Avenue, Cranston, RI 02910
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Rental property
7. If the limited liability company has managers, the name and address of each manager of the limited liability company
Name Address

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.



Exact Name of Limited Liability Company

By Richard K. Foster
Richard K. Foster
~~Attorney for company~~

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date: 10-30-61

Check No.: 443

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