

### 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  $oldsymbol{\bot}$ 

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Filing Pertoa: Septen (FORM MUST BE TYPED)			Filing Fee: \$50.00				
1. ID No.	2. Exact name of the limited liability company						
111217	ALFO A	LFO Associates, LLC					
3. State of Formation	of Formation 4. Brief description of the character of the husiness which is actually conducted in Rhode Island				d		
RHODE ISLAND RENTAL & ROPERTY							
5. Principal office address		<u>.</u>		City	State		Zip
P.O. F	3ox 1	33		Lincoln	RI		02865
6. MAILING ADDRES	SS OF L	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERSON:			
	rd K.	Foster		Manager			
Sirect Address				City	State		Zip
1064 (	Great	Road		Lincoln	RI		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)   ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52						-52	
Manager Name				Manager Name			
Ricl	hard	K. Foster		Lawrence N. Al	tman		
Siren Address 1064 Great Road			Sircer Address 600 Reservoir Avenue				
City	-	State	Zψ	City	State		Zip
Line	coln	RI	02865	Cranston	RI		02910
Manuger Name				Manager Name			
Street Address			Street Address				
Сиу		State	Zip	City	State		Zip
8. RESIDENT AGENT IN RHODE ISLAND, DO NOT ALTER - Changes Agent Name  LAWRENCE N. ALTMAN			require filing of Form 642 · R.I.G.L. 7-16-11  Address				
Address				City		Zíp	
600 RESERVOIR AVE	NUE			CRANSTON		02910-	
<u> </u>							

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

File Date	\\ . \( \) \	
Check No		
Ву:	[W ]	
F	OR 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.

10/30/05

Date

Richard K. Foster

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 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liabilty company 111217 ALFO Associates, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation RENTAL PROPERTY RHODE ISLAND 5. Principal office address State City Zip LINCOLN RI PO BOX 133 02865-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name RICHARD K FOSTER City Street Address State Zip 1064 GREAT RD. . LINCOLN RI 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) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Richard K. Foster Lawrence N. Altman · Sireei Address Street Address See Above 600 Reservoir Avenue Zip State Cirv State Zip Cranston 02910 RΙ Manager Name Manager Name Street Address ·Street Address City ZipState 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 600 RESERVOIR AVENUE Address City Zip 600 Reservoir Avenue CRANSTON 02910-

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



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B <u>y:</u>		DA	
FOR SECRET	rary of s	TATE	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.

9/20/04

Signature of Authorized Person

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

FORM MUST BE	TITEDOKI	KINTED IN DIZ	ICA)					
<i>1. ID No.</i> 111217			name of the limited liabilty company Associates, LLC					
	i		4. Brief description of the character of the business which is actually conducted in Rhode Island					
3. State of Format	ion	RENTAL PR		e business which is actually conducted	in Knode island			
RHODE ISLA	AND	RENTAL PR	OPERT					
5. Principal office	e address			City	State	Zip		
PO Box 133	}			Lincoln	RHODE ISLAND	02865		
6. MAILING	ADDRESS	OF LIMITED	LIABILITY COMP	ANY AND NAME OR TITLE	OF CONTACT PERSON:			
Contact Name			•	Consacs Title				
Richard K.	Foster			.Partner				
Street Address				City	Stare	Zip		
1064 Great	Road			Lincoln	RHODE ISLAND	02865		
7 NAME AND	ADDRES	S OF EACH N	ANAGER OF THE	LIMITED LIABILITY COM	PANY, IF APPLICABLE			
A COME SILE	,/#/NEU	FILL INS	PACES BEFORE USIN	G ATTACHMENTS ("X" BOX	FOR ATTACHMENT)			
	ANY I			UIRES FILING OF AMENDMENT.	R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name	•		· · · · · ·	· Manager Name	·			
Richard K.	Foster			Lawrence N. Al	Lawrence N. Altman			
Street Address				Street Address				
See Above				.600 Reservoir	Avenue			
		State	Zip	*City	State	Zip		
Cirv		1		Cranston	Rhode Island	02910		
City								
City Manager Name				Manager Name				
City Manager Name	••••			Manager Name				
		J		Manager Name Street Address				
Manager Name				· Street Address				
Manager Name		State	Zip	• <u> </u>	State	Zip		
Manager Name Street Address City				·Sireei Address		Zp		
Manager Name  Street Address  City  8. RESIDENT	AGENT IN			Siree Address City Changes require filing of F		Zp		
Manager Name  Street Address  City  8. RESIDENT	AGENT IN			·Sireei Address		Zp		
Manager Name  Street Address  City  8. RESIDENT	-			Siree Address City Changes require filing of F	Form 642 - R.I.G.L. 7-16-11	Zip		
Manager Name  Street Address  City  8. RESIDENT Agent Name	-			Siree Address City Changes require filing of F		Zip		

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



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Check No. 522
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FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affin	m that I have examined
this report, including any accompanying sch	redules and statements.
and that all statements contained legein de	true and correct.
11/1	
JUX	10-20-0
Signature of Authorized Person	Data

Print or Type Name of Authorized Person

Form 632 Rev. 6/02



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) 2. Exact name of the limited liabilty company I. ID No. ALFO Associates, LLC 111217 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation **RENTAL PROPERTY RHODE ISLAND** State 5. Principal office uddress 02865 RI Lincoln PO Box 133 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name · Partner Richard K. Foster City State Street Address 02865 RI · Lincoln 1064 Great Road 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 Lawrence N. Altman Richard K. Foster \* Street Address Street Address 600 Reservoir Avenue See Above Zip ·Cio · Cranston State ზ2910 City Manager Name Manager Name ·Street Address Street Address .Cin State State City 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 600 Reservoir Avenue LAWRENCE N. ALTMAN Zip City Address CRANSTON 02910-**600 RESERVOIR AVENUE** 

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.

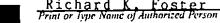
File Date 9.24-02

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

and that all statements contained nergin	are true and correct.	
Signature of Authorized Person	09/20/02	
Signature of Authorized Person	Date	
Richard K Foster		



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

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#### LIMITED LIABILITY COMPANY

ID	Number DLLC 111217	Annual Report for the year 2001
1.	The name of the limited liability compa	any is:
	ALFO Associates, LLC	
2.	The address of the principal office of	the limited liability company is:
	PO Box 133, Lincoln, R	I 02865
3.	The state or other jurisdiction under the	ne laws of which it is formed is RHODE ISLAND
The name and address of its resident agent is: LAWRENCE N. ALTMAN		
	600 RESERVOIR AVENUE CRANST	TON RI 02910-
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: Lawrence	Altman 600 Reservoir Avenue, Cranston, RI 02920
6.		f the business in which the limited liability company is actually engaged in this
7.		nagers, the name and address of each manager of the limited liability company  Address
Da	ated 10/27/01	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.
	1 1 2 1 7	ALFO Associates, LLC  Exact Name of Limited Liability Company
File	FOR SECRETARY OF STATE USE ONLY  a Date:  20-30-61	By Schard K. Foster
Ch	eck No.: 443	Attorney for company Form No. 632
Ву	: 2	Revised 01/99

DETACH BOTTOM BEFORE RETURNING