



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. 115817		2. Exact name of the limited liability company ALF Properties, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE, HOLD AND SELL REAL ESTATE AND PERSONAL PROPERTY OF ALL TYPES FOR INVESTMENT	
5. Principal office address 7 OAKWOOD TERRACE		City NEWPORT	State RI
		Zip 02840-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOSEPH H OLAYNACK		Contact Title .	
Street Address 31 AMERICAS CUP AVENUE		City NEWPORT	State RI
		Zip 02840-	
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 .		Manager Name .	
Street Address .		Street Address .	
City .	State .	City .	State .
Zip .		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 JOSEPH OLAYNACK, III		Address 31 AMERICA'S CUP AVENUE	
Address .		City NEWPORT	Zip 02840-

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



1 1 5 8 1 7

115817 DLLC 09/12/05 02:57:37 PM	
File Date	11-03-05
Check No.	400
By:	WP
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

William J. Parvo

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. 115817		2. Exact name of the limited liability company ALF Properties, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE, HOLD AND SELL REAL ESTATE AND PERSONAL PROPERTY OF ALL TYPES FOR INVESTMENT	
5. Principal office address 7 OAKWOOD TERRACE		City NEWPORT	State RI
		Zip 02840-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name JOSEPH H OLAYNACK Contact Title			
Street Address 31 AMERICAS CUP AVENUE		City NEWPORT	State RI
		Zip 02840-	
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		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name			Manager Name
Street Address		Street Address	
City	State	Zip	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 JOSEPH OLAYNACK, III		Address 31 AMERICA'S CUP AVENUE	
Address		City NEWPORT	Zip 02840-

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



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115817 DLLC 09/23/04 11:29:03 AM	
File Date	10/4/04
Check No.	420
By:	D4
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 9.26.04
William J. Parvo, Member
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. 115817		2. Exact name of the limited liability company ALF Properties, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE, HOLD AND SELL REAL ESTATE AND PERSONAL PROPERTY OF ALL TYPES FOR INVESTMENT			
5. Principal office address 7 OAKWOOD TERRACE		City NEWPORT	State RI	Zip 02840-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name JOSEPH H OLAYNACK Contact Title					
Street Address 31 AMERICAS CUP AVENUE		City NEWPORT	State RI	Zip 02840-	
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		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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 JOSEPH OLAYNACK, III		Address 31 AMERICA'S CUP AVENUE			
Address CORCORAN, PECKHAM, HAYES & GALVIN, PC		City NEWPORT		Zip 02840-	

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



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115817 DLLC 09/30/03 11:58:36 AM	
File Date	11/4/03
Check No.	180
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
William J. PARVO
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. *115817*		2. Exact name of the limited liability company ALF Properties, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE, HOLD AND SELL REAL ESTATE AND PERSONAL PROPERTY OF ALL TYPES FOR INVESTMENT			
5. Principal office address 7 OAKWOOD TERRACE		City NEWPORT	State RI Zip 02840-		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name JOSEPH H. OLAYNACK III, ESQ.		Contact Title ATTORNEY/REGISTERED AGENT			
Street Address 31 AMERICA'S CUP AVENUE		City NEWPORT	State RI Zip 02840-		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (A 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		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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 JOSEPH OLAYNACK, III		Address 31 AMERICA'S CUP AVENUE			
Address		City NEWPORT	Zip 02840-		

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



* 1 1 5 8 1 7 *

115817-DLLC9/4/02 04:47 AM

File Date 9-11-02

Check No. 30251

By [Signature]

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

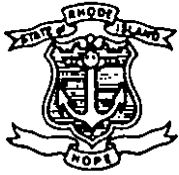
Date

Joseph H. Olaynack III

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 115817

Annual Report for the year 2001

1. The name of the limited liability company is:

ALF Properties, LLC

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

7 Oakwood Terrace, Newport, RI 02840

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: JOSEPH OLAYNACK, III

31 AMERICA'S CUP AVENUE NEWPORT RI 02840-

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: 7 Oakwood Terrace, Newport, RI 02840

William J. Parvo

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: purchase, hold and sell real estate and personal property of all types for investment

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

Name

Address

Dated September 6, 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.

ALF Properties, LLC

Exact Name of Limited Liability Company

By

William J. Parvo
William J. Parvo, Member

Title

FOR SECRETARY OF STATE USE ONLY
File Date: 10-16-01

Check No.: 101

By: [Signature]