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FOR SECRETARY OF STATE USE ONLY

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 RE TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liabilty company 115817 ALF Properties, LLC 3. State of Formation 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 **RHODE ISLAND** INVESTMENT State City 5. Principal office address NEWPORT RI 02840-7 OAKWOOD TERRACE 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name JOSEPH H OLAYNACK Street Address City State . NEWPORT RI 02840-31 AMERICAS CUP AVENUE 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 *Street Address Street Address ·Ciry State Zip City State Zip Manager Name Manager Name Street Address ·Street Address City Ciry State State Zic 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 JOSEPH OLAYNACK, III 31 AMERICA'S CUP AVENUE Ziρ City Address NEWPORT 02840-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. *115817 DLLC 09/12/05 02:57:37 PM* File Date

Signature of Authorized Person

William J. Parvo
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 ALF Properties, LLC 115817 3. State of Formation 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 RHODE ISLAND INVESTMENT Vate 5. Principal office address City 7 OAKWOOD TERRACE NEWPORT RI 02840-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title JOSEPH H OLAYNACK Street Address Cirv State 31 AMERICAS CUP AVENUE NEWPORT RI 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) 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 State City Zip Manager Name Manager Name Street Address ·Street Address City City Zip 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 JOSEPH OLAYNACK, III 31 AMERICA'S CUP AVENUE Address Cirv Zip NEWPORT 02840-

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



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FOR SECRETA	ARY OF STATE US	SE 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



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

	TYPED OR PRINTED IN E				 -		
1. ID No. 115817		Exact name of the limited liability company LF Properties, LLC					
State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island					<u> </u>		
				AL ESTATE AND PERSONAL PROPERTY OF ALL TYPES FOR			
5. Principal office address 7 OAKWOOD TERRACE			City NEWPORT	State R I	Zip 02840 -		
6. MAILING A Contact Name JOSEPH H OI		ED LIABILITY COMPA	Contact Title	E OF CONTACT PE	RSON:		
Sircei Address			City	State	Zip		
31 AMERICAS	CUP AVENUE		. NEWPORT	RI	02840-		
Manuger Name Street Address			• Manager Name • • • • • • • • • • • • • • • • • • •				
			•				
City	State	Zip	: City	State	Zip		
City Manager Name	State	Zip	City Manager Name	State	Zip		
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Manager Name	State	Zip	Manager Name	State	Zip		
Manager Name Street Address City 8. RESIDENT A Agent Name	GENT IN RHODE ISL	Zip	Manager Name Street Address City hanges require filing of	State f Form 642 - R.I.G.L.	Zip		
Manager Name Street Address City 8. RESIDENT A Agent Name JOSEPH OLA	GENT IN RHODE ISL	Zip	Manager Name Street Address City hanges require filing of Address 31 AMERICA'S	State Form 642 - R.I.GL. CUP AVENUE	7-16-11		
Manager Name Street Address City 8. RESIDENT A Agent Name	GENT IN RHODE ISL	Zip	Manager Name Street Address City hanges require filing of	State Form 642 - R.I.GL. CUP AVENUE	Zip		

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

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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.	
well Dans octs	2007
Signature of Authorized Person Date	
Print or Type Name of Asthorized Person	
Print or Type Name of Authorized Person	
Form 632	Rcv. 6/02



Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED L	IABI	LITY COMI - November 1 •	PANY ANNI Filing Fee: \$50.0	UAL REPORT FO	OR THE YEA	R		
FORM MUST BE TY			1 11.11.6 1 00.0					
1. ID No.: *115817*	2. Exact	name of the limited liability company Properties, LLC						
				isiness which is actually conducted. L BSTATE AND PBRSONA	ss which is actually conducted in Rhode Island SSTATE AND PERSONAL PROPERTY OF ALL TYPES FOR			
	_	INVESTMENT			State	95.		
5. Principal office address 7. OAKWOOD TERRACE			City NEWPORT	RI	<i>Zip</i> 02840-			
6 MAILING AD	RESS C	e limited leab	ILITY COMPAN	YAND NAME OR TITLE	OF CONTACT PER	ion:		
Contact Name JOSEPH H. OL	AYNACK	III, ESQ.		Contact Title .ATTORNEY/REGIS				
Street Address				City	State	Zip		
31 AMERICA'S	CUP AV	ENUE		NEWPORT	RI	02840-		
7 NAME AND A		FULL IN SPACES	herone using a	NTITED GLABILITY COR TTACHMENTS: ("A" BOX ES FRUNG OF AMENDMENT	for attachbibat) 🛈			
Manager Name	, 1944 - 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17:51; 16:41:41; 15:44; 16:44; 14:42; 14:24; 14:24; 14:24; 14:24; 14:24; 14:24; 14:24; 14:24; 14:24; 14:24; 14	Villa V.788.778.78. series (series)	•Manager Name	an a			
Street Address			Street Address	*Street Address				
City		State	Zip	*City	State	Zip		
Manager Name		J	.1	Manager Name				
Street Address			·Street Address	· Street Address				
City		State	<i>7.ip</i>	City	State	Zip		
	NINR	HODE ISLAND : #C	NOT ALTER- Cha	nges require filing of f	orm 642 (R.I.GL.7-)	631		
Agent Nome				Address				
JOSEPH OLAY	NACK, II	l		31 AMERICA'S	CUP AVENUE			
Address				Ciry	Zij	,		
			•	PORT 02840-				

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



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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 convained herein are true and correct.
J/1 / 4 9.4-02
Signature of Authorized Person Date
Joseph H. Olaynack III
Print or Type Name of Authorized Person

Filing Fee: \$50.00

By:

To be filed annually between September 1 and November 1

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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

D	Number <u>DLLC 115817</u>	Annual Report for the year 2001			
1.	The name of the limited liability compan	y is:			
	ALF Properties, LLC				
2.	The address of the principal office of the	e limited liability company is:			
	7 Oakwood Terrace, No	ewport, RI 02840			
3.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND				
4.	- IOSERIA OLAVNACIO III				
	31 AMERICA'S CUP AVENUE NEWPO	ORT RI 02840			
5.	The current mailing address of the limit	ted liability company and the name or title of a person to whom communications			
	may be directed are: 7 Oakw	ood Terrace, Newport, RI 02840			
	W <u>illia</u>	am 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			
7.	all tungs for inve	estment agers, the name and address of each manager of the limited liability company Address			
D	ated 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			
	1 1 5 8 1 7	Exact Name of Limited Liability Company			
Fil	FOR SECRETARY OF STATE USE ONLY te Date: 10 - 16-01	By William V. Parvo, Member			
Ch	neck No.: // /	William U. Parvo, Member Title			