Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401 222 3949



TED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: Se	ptember 1 -	November I	• Filing Fee: \$50	0.00				
FORM MUST BE 1	YPED OR PR	INTED IN BLAC	K)		<del></del> .	<u> </u>		
<i>t ID No.</i> 1 <b>18717</b>		t name of the limited liabilty company CA FAMILY LLC						
3 State of Formation	7			business which is actually conducted				
RHODE ISLAN	1D	OWNERSHIP	OF COMMERCIAL R	BAL ESTATE AND OTHER PE	ROPERTY			
5 Principal office address 44 HIGH RIDGE CIRCLE			Cov	State	Ζιρ			
			FRANKLIN	MA	02038			
6. MAILING AL	DDRESS_O	F LIMITED L	TABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT PER	ISON:		
Contact Name ANTHONY J R	1STCA			Contact Title Manager				
Street Address 44 HTGH RIDGE CIRCLE			Cuy FRANKLIN	State MA	Ζφ C2C38-			
7:NAMEAND  Manager Name  Anthony J.	ANY MC	SEFILL IN SPA	CES BEFORE USING	IMITED LIABILITY COM CATTACHMENTS * 7"X", BOX I IRES FILING OF AMENDMENT. * Manager Name Lynn M. Risica	FOR ATTACHMENT) L R.I.G.L 7-16-12 (a) (2) /			
Street Address	RISICA			• Sireet Address				
317991 Raaress 44 High Rid	ae Circl	۵		.44 High Ridge Circle				
Cay	96 0110.	State	Zφ	*City	State	Zip		
Franklin		MA	02038	Franklin	AM	02038		
Manager Name	• • • • •	,		Manager Name				
Sireet Address				• Street Address				
City	<u>.                                    </u>	State	Zip	City	State	Ζφ		
8. RESIDENT A	GENT IN RI	L HODE ISLANI	DO NOT ALTER- CI	nanges require filing of F	orm 642 R.I.G.L. 7			
Agent Name				Address				
JOSEPH S. R	ISICA			19 ANDERSEN CO	URT			
Address				City	(ip			
				WESTERLY	WESTERLY 0			
This report mus	et be sig <b>ne</b> d	l <b>in ink</b> by an	authorized person	pursuant to 7-16-66.				
*118717 DLL File Date Check No	C 10/24/05 0 27	07:45:45 PM 05	1° — —	this report, includi	perjury, I declare and afing any accompanying sents contained herein a	firm that I have examined schedules and statements, re true and correct.  10/26/05  Date  Manne FR		
By	\}\\		- 1	Print or Type Name	of Authorized Person	, 12 (12 13 O C C C C C C C C C C C C C C C C C C		
FOR SECRETARY	y of state 1	USE ONLY		• • • • • • • • • • • • • • • • • • • •		Form 632 Rev 6/0		



Matthew A. Brown, Secretary of State Carporations 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. RISICA FAMILY LLC 118717 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation OWNERSHIP OF COMMERCIAL REAL ESTATE AND OTHER PROPERTY RHODE ISLAND 5. Principal office address FRANKLIN MA 02038-44 HIGH RIDGE CIRCLE 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name ANTHONY J RISICA City State Zip Street Address MA 02038-.FRANKLIN 44 HIGH RIDGE CIRCLE 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 Lynn M Risica Anthony J Risica · Street Address Street Address .44 High Ridge Circle 44 High Ridge Circle ·City State State City 02038 MA 02038 Franklin MA Franklin Manager Name Manager Name ·Sireet Address Street Address State Zφ State Zio City 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address lgent Name 19 ANDERSEN COURT JOSEPH S. RISICA Z.ip Cin Address WESTERLY 02891-

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



*118717	DLLC 10/26	(04 10	:04:28 AM*
File Date	Belor	/ou	
Check No.	240	· 	
By:	12:		<del></del>
FOR SECRI	ETARY OF STAT	TE 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 Anthorized Person

10/20/04

ANTTHONY J. RISICA 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 190 North Main Street Providence, RI 02903-1335

101 222 3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2003

	iber 1 - November 1	• Filing Fee: \$50.00					
(FORM MUST BE TYPFD O 1 //D No 118717	2. Exact name of the limited h	VIED IN BLACK)  I name of the limited habitity company  RISICA FAMILY LLC					
3 State of Formation	i Brief description o	i Brief description of the character of the business which is actually conducted in Rhode Island					
RHODE ISLAND	OWNERSHIP O	F COMMERCIAL REAL E	STATE AND OTHER PROPERT	Υ			
Francipal office address 44 High 6. MAILING ADDRES	RIDGE CIRCLE		FRANKU N	State MA	74 <b>02036</b>		
Contact Name .	iony J. Ris		ME OR TITLE OF CONTACT PERSON:  Contact Title  MANAGER				
Sirvet Address 44 His	GH RIDGE CIRC	: LE	FRANKLIN	State MA	02.038		
ANY Manager Name	FILL IN SPACE MODIFICATIONS TO M	CES BEFORE USING ATT MANAGERS REQUIRES I	ABILITY COMPANY, IF APPLIC FACHMENTS ("X" BOX FOR FILING OF AMENDMENT, R.I. Manager Name LYNN M. R.	ATTACHMENT)  G.I., 7-16-12 (a) (2)	/ 7-16-52		
ANTHONY J. RISICA  Minor diditions  44 HIGH RIDGE CIRCLE			44 HIGH RIDGE CIRCLE				
FRANKLIN	MA	<sup>ZIP</sup> 02038	FRANCLIN	State	020 <b>58</b>		
Manager Name				Manager Name			
Street Address			Street Address				
City	Male	Zip	City	State	Z;p		
8. RESIDENT AGENT agent Name JOSEPH S. RISICA	IN RHODE ISLAND - D	OO NOT ALTER - Chang	: ces require filing of Form 64 Address	2 - R.I.G.L. 7-16-11			
Address 19 ANDERSEN COURT			City WESTERLY	249 02891-			

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

* 1 1 8 7 1	7 <b>*</b>
File Date 10 30 03	
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.

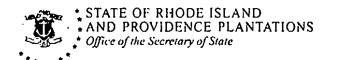
Supature of Albaria d Person

10/29/03

Signature of A thorized Person

Date

Print or Type Name of Authorized Person



Edward S. Inman, 111, 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 TYPI	ED OR PRINTED IN BLA	ICK)					
1. ID No.	2. Exact name of the limited liabilty company						
118717	RISICA FAMILY LLC						
3 State of Formation	4. Brief descrip	tion of the character of the bu	siness which is actually conducted in	Rhode Island			
RHODE ISLAND	OWNE	eship of comm	ERCIAL REAL ESTATE	and other p	20 PERTY		
5. Principal office address			City	State	Zip		
44 HIGH RIDGE CIRCLE			FRANKLIN	MA	02038		
6. MAILING ADDI	RESS OF LIMITED	LIABILITY COMPANY	YAND NAME OR TITLE O	F CONTACT PERSO	ON:		
Contact Name	. 0		Contact Title				
ANTHOM	J. RISICA		· MANAGER				
Street Address			City	State	Zip		
44 HIGH	RIDGE CIRCLE		FRANKLIN	MA	02038		
7. NAME AND ADD	<del></del>		TED LIABILITY COMPAN	Y, IF APPLICABLE			
		ACES BEFORE USING A		OR ATTACHMENT			
	ANY MODIFICATIONS	TO MANAGERS REQUIRE	S FILING OF AMENDMENT. R.I	.G.L 7-16-12 (a) (2) / 7-	16-52		
Manager Name		•	· Manager Name				
ANTHONY J. RISICA			: LYNN M. RISICA				
Street Address			*Street Address		<u> </u>		
44 HIGH	RIOGE CIRCL	Æ	: 44 HIGH RI	DGE CIRCLE	•		
City	State	Zip	*City	State	Zip		
HRANKLIN	MA	02036	FRANKLIN	MA	02038		
Manager Name	• • • • • • • • • •	• • • • • • • • • • • •	Manager Name				
			•				
Street Address			· Sireei Address				
City	State	Zip	City	State	Zip		
City	J. 10.	2.10	•	alaite	L.p		
Agent Name	AT IN KHONE ISCAN	D-DO NOT ALTER- Char	nges require filling of For	m 642 - R.I.G.L. /-16-	<u> </u>		
			Naaress				
JOSEPH S. RISICA							
Address			City	Zip			
32 SCHOOL STREET			WESTERLY	02891-			
				<del>'</del>			

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



FOR SECRETARY OF STATE USE ONLY

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Check No. By Shape 114 161

By Shape 131412 161

By Shape 114 161

By Shape

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 Althorized Person Date 10/11/02

ANTHONY J. RISICA Print or Type Name of Authorized Person