



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 3946

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. 118717		2 Exact name of the limited liability company RISICA FAMILY LLC	
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP OF COMMERCIAL REAL ESTATE AND OTHER PROPERTY	
5 Principal office address 44 HIGH RIDGE CIRCLE		City FRANKLIN	State MA Zip 02038
6 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ANTHONY J. RISICA		Contact Title Manager	
Street Address 44 HIGH RIDGE CIRCLE		City FRANKLIN	State MA Zip 02038
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 Anthony J. Risica		Manager Name Lynn M. Risica	
Street Address 44 High Ridge Circle		Street Address 44 High Ridge Circle	
City Franklin	State MA	City Franklin	State MA
Zip 02038		Zip 02038	
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 S. RISICA		Address 19 ANDERSEN COURT	
Address		City WESTERLY	Zip 02891

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



1 1 8 7 1 7

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: Anthony J. Risica Date: 10/26/05
Print or Type Name of Authorized Person: ANTHONY J. RISICA, MANAGER

118717 DLLC 10/24/05 07:45:45 PM

File Date: 10/27/05

Check No: 315

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev 6/02



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. 118717		2. Exact name of the limited liability company RISICA FAMILY LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP OF COMMERCIAL REAL ESTATE AND OTHER PROPERTY	
5. Principal office address 44 HIGH RIDGE CIRCLE		City FRANKLIN	State MA Zip 02038-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ANTHONY J RISICA		Contact Title	
Street Address 44 HIGH RIDGE CIRCLE		City FRANKLIN	State MA Zip 02038-
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 Anthony J Risica		Manager Name Lynn M Risica	
Street Address 44 High Ridge Circle		Street Address 44 High Ridge Circle	
City Franklin	State MA	Zip 02038	City Franklin State MA Zip 02038
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 S. RISICA		Address 19 ANDERSEN COURT	
Address		City WESTERLY	Zip 02891-

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



1 1 8 7 1 7

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.

Anthony J Risica 10/26/04
Signature of Authorized Person Date
ANTHONY J. RISICA
Print or Type Name of Authorized Person

118717 DLLC 10/26/04 10:04:28 AM

File Date 10/26/04

Check No. 240

By: JD.

FOR SECRETARY OF STATE USE ONLY



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
(401) 222-3940

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. 118717		2. Exact name of the limited liability company RISICA FAMILY LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP OF COMMERCIAL REAL ESTATE AND OTHER PROPERTY	
5. Principal office address 44 HIGH RIDGE CIRCLE		City FRANKLIN	State MA
		Zip 02038	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ANTHONY J. RISICA		Contact Title MANAGER	
Street Address 44 HIGH RIDGE CIRCLE		City FRANKLIN	State MA
		Zip 02038	
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 ANTHONY J. RISICA		Manager Name LYNN M. RISICA	
Street Address 44 HIGH RIDGE CIRCLE		Street Address 44 HIGH RIDGE CIRCLE	
City FRANKLIN	State MA	City FRANKLIN	State MA
Zip 02038		Zip 02038	
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 S. RISICA		Address	
Address 19 ANDERSEN COURT		City WESTERLY	Zip 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 *

File Date	10/30/03
Check No.	166
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 **10/29/03**
ANTHONY J. RISICA, MANAGER
Print or Type Name of Authorized Person



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. 118717		2. Exact name of the limited liability company RISICA FAMILY LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP OF COMMERCIAL REAL ESTATE AND OTHER PROPERTY	
5. Principal office address 44 HIGH RIDGE CIRCLE		City FRANKLIN	State MA
		Zip 02038	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ANTHONY J. RISICA		Contact Title MANAGER	
Street Address 44 HIGH RIDGE CIRCLE		City FRANKLIN	State MA
		Zip 02038	
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 ANTHONY J. RISICA		Manager Name LYNN M. RISICA	
Street Address 44 HIGH RIDGE CIRCLE		Street Address 44 HIGH RIDGE CIRCLE	
City FRANKLIN	State MA	City FRANKLIN	State MA
Zip 02038		Zip 02038	
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 S. RISICA		Address	
Address 32 SCHOOL STREET		City WESTERLY	Zip 02891-

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



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FILED

20. 11 65 2 51 130

File Date

OCT 15 2002

Check No.

By

By **GOA**

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.

Anthony J. Risica, Manager 10/11/02
Signature of Authorized Person Date

ANTHONY J. RISICA
Print or Type Name of Authorized Person