

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) 2. Exact name of the limited liabilty company 1. ID No. 101318 Immortal Land Development, L.L.C. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE RHODE ISLAND State City 5. Principal office address Zio 55 INDUSTRIAL CIRCLE LINCOLN RI 02865-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title STEVEN A LANCIA City Street Address State Zip 55 INDUSTRIAL CIRCLE . 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 Steven A. Lancia Street Address Street Address 55 Industrial Circle State City State Ciy Zip Zip RI 02865 Lincoln 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 Address PAUL T. DICRISTOFARO, ESQ. 400 RESERVOIR AVENUE, SUITE 3-1 Address Zip PROVIDENCE 02907-

This report must be signed in ink by an authorized person	pursuant to 7-16-66.
1 0 1 3 1 8	Under penalty of perjury I declare and affirm that I have examined this report including any accompanying schedules and statements,
101318 DLLC 09/06/05 01:29:10 PM File Date Check No.	and that all statements contained herein are true and correct. O 3 U Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY \$2070	Print or Type Name of Authorized Person Form 632 Rev. 6/02

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

	ED OR PRINTED IN BLACK)				
<i>i. ID No.</i> 101318	Immortal Land Develop	Exact name of the limited liability company nmortal Land Development, L.L.C.			
3. State of Formation		4. Brief description of the character of the business which is actually conducted in Rhode Island			
RHODE ISLAND	REAL ESTATE				•
. Principal office addr	css		City	State	Zip
55 INDUSTRIAL	CIRCLE		LINCOLN	RI	02865-
	RESS OF LIMITED LIA	BILITY COMPA	NY AND NAME OR TITLE	OF CONTACT P	ERSON:
Contact Name STEVEN A LANC	. T. N		Contact Title		
ireel Address			City	State	Zip
5 INDUSTRIAL	CIRCLE		LINCOLN	RI	02865-
		GER OF THE I	IMITED LIABILITY COM	IPANY, IF APPLI	CABLE
	FILL IN SPACE	S BEFORE USING	ATTACHMENTS ("X" BOX	FOR ATTACHMENT)	
	ANY MODIFICATIONS TO A	MANAGERS REQU	IRES FILING OF AMENDMENT.	R.I.G.L 7-16-12 (a) (2	<u>2) / 7-16-52</u>
anager Name			•Manager Name •		
Steven A. Lan	cia		· · · · · · · · · · · · · · · · · · ·		
irreet Address			· Sireet Address		
55 Industrial	Circle State	Zip	*City	State	Zip
من Lincoln	RI	02865	•		•
danager Name			Manager Name	!	
			<u>. </u>	<u> </u>	
Street Address			Street Address		
	State	Zip		State	Zip
sity.		- P	•		
8. RESIDENT AGÉ	NT IN RHODE ISLAND -0	O NOT ALTER- Ch	anges require filling of F	orm 642 - R.I.GL	. 7-16-11
Igeni Name		-	Address	-	
PAUL T. DICRIS	TOFARO, ESQ.		400 RESERVOIR	AVENUE, SUIT	E 3-1
1ddress			City	· 	Zip
			PROVIDENCE		02907-
. :					
his report must b	e signed in ink by an au	thorized person	pursuant to 7-16-66.		
	1 0 1 3 1 8		Under genalty of r	nerius 1 declare and	affirm that I have examined
101318 DLLC 0	08/30/04 08:57:29 AM		this report, includi		g schedules and statements,
Check No.	29508 DA		Steven A.	Lancia	Mate
FOR SECRETARY O	F STATE USE ONLY	1	Print of Type Name	of Authorized Person	E 433 B

Office of the Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

(FORM MUST BE T	YPED OR PRINTED IN BL				
<i>1. ID No.</i> 101318	2. Exact name of the limited liabilty company IMMORTAL LAND DEVELOPMENT, LLC				
3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island					
RHODE ISLAN	ND Real Esta	te			
<i>5. Principal office a</i> 55 Industri			City Lincoln	State RI	<i>Zip</i> 02865
6. MAILING AL Contact Name Steven A. L		LIABILITY COMPA	NY AND NAME OR TITL Contact Title .Manager	E OF CONTACT PE	RSON:
Street Address	· ·		City	State	Zîp
55 Industria	al Circle		.Lincoln	RI	02865
<i>Manager Name</i> Steven A. L	ANY MODIFICATIONS	PACES BEFORE USING TO MANAGERS REQUI	RES FILING OF AMENDMENT Manager Name	X FOR ATTACHMENT) { I. R.I.G.L 7-16-12 (a) (2)	
Street Address		-	Street Address	<u> </u>	
55 Industri	al Circle		•		
City	State	Zip	*City	State	Zip
Lincoln	RI	02865			
Manager Name			*Manager Name		
D: 411			Street Address		
Street Address			•		
City City	State	Zip	City	State	Zip
City			City anges require filing of		
City 8. RESIDENT AC	GENT IN RHODE ISLAN		anges require filing of		
8. RESIDENT AC	GENT IN RHODE ISLAN		anges require filing of		

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



File Date Check No. 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.

Mihorized Person

Date

Stěven A. Lancia

Print or Type Name of Authorized Person



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 <u>2002</u>

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 L. ID No. Immortal Land Development, L.L.C. 101318 3. State of Formution 4. Brief description of the character of the business which is actually conducted in Rhode Island **REAL ESTATE RHODE ISLAND** State 5. Principal office address RΙ 02904 1117 Douglas Avenue North Providence 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title Steven A. Lancia Manager Zip Street Address City State North Providence RJ02904 <u>1117 Douglas Avenue</u> 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 Steven A. Lancia Street Address Street Address 1117 Douglas Avenue State Zip City City 02904 North Providence Manager Name Manager Nome Street Address Street Address Zip City Zip Cin State State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address Agent Name PAUL T. DICRISTOFARO, ESQ. Address City **PROVIDENCE** 400 RESERVOIR AVENUE, SUITE 3-1 02907-

3	* 1 0 1 3 1 8 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
File Date	2-17-02	and that all statements/contained herein are true and correct.
Check No	22751	Signature of Authorized Person Dute
B _{V:} FOR SECRETA	RY OF STATE USE ONLY	Steven A. Lancia Proprior Dyname of Authorized Person Form 632

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

· ∵Filing Fee: \$50.00

To be filed annually between September 1 and November 1

- • To • •



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 101318	Annual Report for the year 2001	(i)
1.	The name of the limited liability company is:		<u>=</u> :
	Immortal Land Development, L.L.C.		
2.	The address of the principal office of the limit	ted liability company is: Providence, Rhode Island 02904	
3.	The state or other jurisdiction under the laws		
4.	The name and address of its resident agent	is: PAUL T. DICRISTOFARO, ESQ.	
	400 RESER	VOIR AVENUE, SUITE 3-1, PROVIDENCE	E,RI 02907
5 .	The current mailing address of the limited lia	ibility company and the name or title of a person to who	om communications
	may be directed are: <u>Steven A. Lan</u> 1117 Douglas Avenue, North	cia Providence, Rhode Island 02904	_
7.	state: Real Estate	usiness in which the limited liability company is actually the name and address of each manager of the limited Address	
	Steven A. Lancia	1117 Douglas Avenue, No. Providen	ce, RI 02904
File	FOR SECRETARY SECONLY Date: NOV 28 2001	Under penalty of perjury, I declare and affirm that I is report, including any accompanying schedules and that all statements contained herein are true and correspondent and Land Development, L.L.C. Exact Name of Limited Dability Company By: Steven A. Lancia, Manager	id statements, and ect.
Che By:		Title	Form No. 632 Revised 01/99

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	101318
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Annual Report for the year 2000

ID	Number DLLC 101318	Annual Report for the Year 2000	
1.	The name of the limited liability compa	any is:	
	Immortal Land Development, L.L.C.		
2.	The address of the principal office of t	the limited liability company is:	
	1117 Douglas Avenue, No	rth Providence, RI 02904	
3.	The state or other jurisdiction under the	ne laws of which it is formed is RHODE ISLAND	
4.	. The name and address of its resident agent is: PAUL A. LANCIA, ESQ.		
48 NASHUA STREET PROVIDENCE RI 02904			
5.	The current mailing address of the lin	nited liability company and the name or title of a person to whom communications	
		Lancia, 48 Nashua Street, Providence, RI 02904	
6. 7.	state: real estate develo	f the business in which the limited liability company is actually engaged in this opment in the name and address of each manager of the limited liability company Address 48 Nashua Street, Providence, RI 02904	
Da	ated 10/02/00 1 0 1 3 1 8	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. Immortal Land Development, LLC Exact-Name of Limited Liability Company	
File	FOR SECRETARY OF STATE USE ONLY to Date: ///	By Paul A. Lancia	
Ch	eck No.: 2875	Title Form No. 632	
Ву	: de	Revised 01/99	

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 <u>LL 101318</u>	Annual Report for the year 1999
1.	The name of the limited liability company in	is:
	immortai Land Development, L.L.C.	
2.	The address of the principal office of the li	imited liability company is: Jorth Providence, Rhode Island 02904
3.	The state or other jurisdiction under the la	ws of which it is formed is RHODE ISLAND
4.	The name and address of its resident age	ent is: PAUL A. LANCIA, ESQ.
	48 NASHUA STREET PROVIDENCE, F	RI 02904
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: Paul A. Lanc	ia, Esquire
	48 Nashua St	reet, Providence, Rhode Island 02904
6.		business in which the limited liability company is actually engaged in this
	state: <u>real estate developme</u>	
7.	If the limited liability company has manage Name	ers, the name and address of each manager of the limited liability company Address
	Steven_A. Lancia	1117 Douglas Avenue, No. Providence, RI 02904
	Paul A. Lancia	48 Nashua Street, Providence, RI 02904
Da	ted	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. Immortal Land Development L.L.C. Exact Name of Limited Liability Company
File	FOR SECRETARY OF STATE USE ONLY Date: 9-28-99 ck No.: 2227	By Paul A. Lancia, Manager
By:	AMF	Title Form No. 632 Revised 01/99