



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. 101318		2. Exact name of the limited liability company Immortal Land Development, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 55 INDUSTRIAL CIRCLE		City LINCOLN	State RI
		Zip 02865-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name STEVEN A LANCIA		Contact Title	
Street Address 55 INDUSTRIAL CIRCLE		City LINCOLN	State RI
		Zip 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) <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 Steven A. Lancia		Manager Name	
Street Address 55 Industrial Circle		Street Address	
City Lincoln	State RI	Zip 02865	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 PAUL T. DICRISTOFARO, ESQ.		Address 400 RESERVOIR AVENUE, SUITE 3-1	
Address		City PROVIDENCE	Zip 02907-

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



1 0 1 3 1 8

101318 DLLC 09/06/05 01:29:10 PM

File Date **FILED**

Check No. **NOV 14 2005**

By: **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

STEVEN A. LANCIA
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. 101318		2. Exact name of the limited liability company Immortal Land Development, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 55 INDUSTRIAL CIRCLE		City LINCOLN	State RI
		Zip 02865-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name STEVEN A LANCIA		Contact Title	
Street Address 55 INDUSTRIAL CIRCLE		City LINCOLN	State RI
		Zip 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) <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 Steven A. Lancia		Manager Name	
Street Address 55 Industrial Circle		Street Address	
City Lincoln	State RI	Zip 02865	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 PAUL T. DICRISTOFARO, ESQ.		Address 400 RESERVOIR AVENUE, SUITE 3-1	
Address		City PROVIDENCE	Zip 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, and that all statements contained herein are true and correct.

Signature of Authorized Person

Steven A. Lancia

Print or Type Name of Authorized Person

101318 DLLC 08/30/04 08:57:29 AM

File Date 6/23/05

Check No. 29508

By: DA

FOR SECRETARY OF STATE USE ONLY

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. 101318		2. Exact name of the limited liability company IMMORTAL LAND DEVELOPMENT, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate	
5. Principal office address 55 Industrial Circle		City Lincoln	State RI Zip 02865
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Steven A. Lancia		Contact Title Manager	
Street Address 55 Industrial Circle		City Lincoln	State RI Zip 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) <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 Steven A. Lancia		Manager Name	
Street Address 55 Industrial Circle		Street Address	
City Lincoln	State RI	Zip 02865	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 Paul T. DiCristofaro, Esq.		Address	
Address 400 Reservoir Avenue, Suite 3I		City Providence	Zip 02907

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



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File Date 9-25-03Check No. 25629By: Q

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

Steven A. Lancia

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. 101318		2. Exact name of the limited liability company Immortal Land Development, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 1117 Douglas Avenue		City North Providence	State RI
		Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Steven A. Lancia		Contact Title Manager	
Street Address 1117 Douglas Avenue		City North Providence	State RI
		Zip 02904	
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 Steven A. Lancia		Manager Name	
Street Address 1117 Douglas Avenue		Street Address	
City North Providence	State RI	City	State
Zip 02904		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 PAUL T. DICRISTOFARO, ESQ.		Address	
Address 400 RESERVOIR AVENUE, SUITE 3-1		City PROVIDENCE	Zip 02907-

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



* 1 0 1 3 1 8 *

9-17-02

File Date

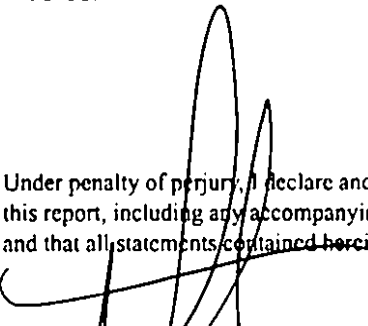
22751

Check No.

[Signature]

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]

Signature of Authorized Person

Steven A. Lancia

Print or Type Name of Authorized Person

Date

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 DLIC 101318

Annual Report for the year 2001

1. The name of the limited liability company is:

Immortal Land Development, L.L.C.

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

1117 Douglas Avenue, North Providence, Rhode Island 02904

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: PAUL T. DICRISTOFARO, ESQ.

400 RESERVOIR AVENUE, SUITE 3-1, PROVIDENCE, RI 02907

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: Steven A. Lancia

1117 Douglas Avenue, North Providence, Rhode Island 02904

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate

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

Steven A. Lancia

1117 Douglas Avenue, No. Providence, RI 02904

Dated _____



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

By: [Signature]

Steven A. Lancia, Manager

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY
File Date: **NOV 28 2001**
Check No.: **274139**
By: **[Signature]**

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

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 101318

Annual Report for the year 2000

1. The name of the limited liability company is:

Immortal Land Development, L.L.C.

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

1117 Douglas Avenue, North Providence, RI 02904

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: PAUL A. LANCIA, ESQ.

48 NASHUA STREET PROVIDENCE 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. Lancia, 48 Nashua Street, Providence, RI 02904

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: real estate development

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

Paul A. Lancia

48 Nashua Street, Providence, RI 02904

Dated 10/02/00



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

By Paul A. Lancia

Tide

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

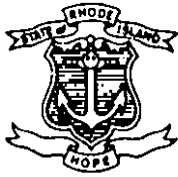
File Date: 11/6

Check No.: 2875

By: 2

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 LL 101318

Annual Report for the year 1999

1. The name of the limited liability company is:
Immortal Land Development, L.L.C.
2. The address of the principal office of the limited liability company is:
1117 Douglas Avenue, North Providence, Rhode Island 02904
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: PAUL A. LANCIA, ESQ.
48 NASHUA STREET PROVIDENCE, 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. Lancia, Esquire
48 Nashua Street, Providence, Rhode Island 02904
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: real estate development
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Steven A. Lancia</u>	<u>1117 Douglas Avenue, No. Providence, RI 02904</u>
<u>Paul A. Lancia</u>	<u>48 Nashua Street, Providence, RI 02904</u>

Dated _____



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

By _____

Paul A. Lancia, Manager

Title

FOR SECRETARY OF STATE USE ONLY
File Date: 9-28-99
Check No.: 2227
By: AMF

Form No. 632
Revised 01/99