

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR $_$

Filing Period: September 1 - November 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liability company 1. ID No. 111318 MAMA Holdings, LLC 4. Brief description of the character of the husiness which is actually conducted in Rhode Island 3. State of Formation INVESTMENT OPPUURTUNITIES **RHODE ISLAND** 5. Principal office address 02861 Pawtucket RI 43 Langdon Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Jean B. Vitali Member Pawtucket Sirrei Address 43 Langdon Avenue State 02861 RΙ 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 Sireei Address 7.ф 7.Ip State State Manager Name Manager Name Street Address Street Address Zip City State ZIP Cin 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 Address THOMAS J. MOYLAN, ESQ. Address Ζφ

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

PROVIDENCE

File Date	10/14/05 -111318.	
Check No	500/	
By:	<u>Cr</u>	
	FOR SECRETARY OF STATE USE ONLY	

50 EXCHANGE TERRACE, SUITE 320

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

Tale 10-3-05

02903-

Jean B. Vitali, Member



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

(FORM MUST BE TYPED	OR PRINTED IN BLACK)					
1. IID No. 111318	2 Exact name of the limited Hability company MAMA Holdings, LLC					
3. State of Formation A. Brief description of the character of the business which INVESTMENT OPPUURTUNITIES			·	bode Island		
5 Principal office address 43 Langdon Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME			Pawtucket D NAME OR TITLE OF CONTA	State RI CT PERSON:	02861	
Contact Name Jean B. Vita			Contact Title Member	Contact Title		
Street Address 43 Langdon A	venue		Giy Pawtucket	State RI	^{Ζφ} 0286 1	
			NG ATTACHMENTS ("X" BOX	ACHMENTS ("X" BOX FOR ATTACHMENT) LLING OF AMENDMENT, R.L.G.L. 7-16-12 (a) (2) / 7-16-52		
Sirect Address			Street Address	Street Address		
City	State	Zip	City-	State	Zip	
Manager Name	······	•••••••	Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name THOMAS J. MOYLAN, ESQ.			Changes require filing of For Address	m 642 - R.I.G.L. 7-16	-11	
Address 50 EXCHANGE TERRACE, SUITE 320			City: PROVIDENCE	Zφ 02903-		

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



File Date	9	20	04
Clieck No.	ند	240	1
Ву:		DA_	
FOR S	ECRETARY 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.

Starture of Authorized Person Dave

Jean B. Vitali, Member



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

2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

י לומרציג מת יכטויו והאלירו	OR PRINTED IN BIACK)						
L. HD No.	2. Exact name of the limited liability company						
111318	MAMA Holdings, LLC						
3. State of Formation	4. Brief description	n of the character of the bi	isiness which is actually conducted in Rh	ode Island			
RHODE ISLAND	INVESTMEN	T OPPUURTUNITIES					
5. Principal office address			Clly	State	Zíp		
43 Langdon Av	enue		Pawtucket	RI	02861		
6. MAILING ADDRES	SS OF LIMITED LIABI	LITY COMPANY ANI	NAME OR TITLE OF CONTAC	T PERSON:			
Gontact Name Jean B. Vita	li		Contact Title Member				
Street Address			City	State	Zip		
43 Langdon Ave	enue		Pawtucket	RI	02861		
•		GER OF THE LIMITE	D LIABILITY COMPANY, IF API	PLICABLE	·		
			G ATTACHMENTS ("X" BOX F				
AN	Y MODIFICATIONS TO	MANAGERS REQUI	RES FILING OF AMENDMENT,	R.I.G.L. 7-16-12 (a) (2) / 7-16-52		
Manager Name			Manager Name	Manager Name			
None			•				
Street Address			Street Address	Street Address			
			:				
City	State	Zip	City	State	Zip		
Manager Name	••••••••	• • • • • • • • • • • • • • • • • • • •	Manager Name	Manager Name			
Street Address			Street Address	Sirvet Address			
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes				1 642 - R.I.G.L. 7-1	6-11		
Agent Name			Address				
THOMAS J. MOYLAN, ESQ.			<u></u>				
Address			City		Zip		
50 EXCHANGE TERRACE, SUITE 320			PROVIDENCE		02903-		

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

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File Dote	10/1/183
Check No	CM C

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.

Signfuture of Authorized Person

Male 10-2-03

Jean B. Vitali, Member



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 2002

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 111318 MAMA Holdings, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **INVESTMENT OPPUURTUNITIES RHODE ISLAND** 5. Principal office address Cirv 43 Langdon Avenue Pawtucket RI 02861 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Jean B. Vitali member Street Address 43 Langdon Avenue 02861 Pawtucket 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 Zip Cin State State Zip Manager Name Manager Name Street Address ·Sircei Address State City Zip 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 Address THOMAS J. MOYLAN, ESQ. Address Zip 50 EXCHANGE TERRACE, SUITE 320 **PROVIDENCE** 02903-

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



File Date 12-3-02

Check No. 2449

By: The 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.

Signification Signification Signification Signification Date

Jean B. Vitali, Member

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

100 5

LIMITED LIABILITY COMPANY

ID	Number DLLC 111318	Annual Report for the year 2001				
1.	The name of the limited liability compa	ny is:				
	MAMA Holdings, LLC					
2.	The address of the principal office of the	ne limited liability company is:				
	43 Langdon Avenue, Pawtucket	, RI 02861				
3.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND					
4.	4. The name and address of its resident agent is: THOMAS J. MOYLAN, ESQ.					
	50 EXCHANGE TERRACE, SUITE 32	20 PROVIDENCE RI 02903-				
5.	The current mailing address of the lim	ited liability company and the name or title of a person to whom communications				
	may be directed are: Jean B. Vitali, Operating Manager					
	43 Langdon	43 Langdon Avenue, Pawtucket, RI 02861				
6.7.	state: Investment Opportuniti	the business in which the limited liability company is actually engaged in this es nagers, the name and address of each manager of the limited liability company Address				
	Jean B. Vitali	43 Längdon Avenue, Pawtucket, RI 02861				
	Operating Manager	45 Edilgdon Menday Edileontoly 112				
Da	ated October 18, 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. MAMA Holdings, LLC Exact Name of Limited Liability Company				
File	FOR SECRETARY OF STATE USE ONLY	By Jean B. Vitali				
	eck No.: 1525	Operating Manager Title				
Ву		Form No. 632 Revised 01/99				