

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

(FIREM MUST BE TITED OR PRINTED IN BLACK) 1. ID No. 140918 TESTA & CARLINO DEVELOPERS, LLC. 3. State of Formation RHODE ISLAND 1. Prof. description of the character of the instiness which is actually conducted in Khade Island DEVELOPMENT OF LAND AND CONSTRUCTION OF HOMES 5. Principal office address 4. Strong Modern Of the Character of the instiness which is actually conducted in Khade Island DEVELOPMENT OF LAND AND CONSTRUCTION OF HOMES 5. Principal office address 4. Strong Address 4. Strong Address 4. Strong Address 5. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title MARIO (7. CARLITO) Strong Address 5. TO AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES HEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) OR ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Street Address Street Address	1. ID No. 2. Exact na. 140918 TESTA & 3. State of Formation 4.	me of the limited liability CARLINO DEVELO	, ·				
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Contact Name MARIO C. CARLINO Street Address Y 5 Traymore S.T., 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 Street Address Gry State Zip City State Zip Manager Name Manager Name Manager Name Street Address Street Address Street Address Street Address Street Address	, , , , , , , , , , , , , , , , , , ,				•	100-725	
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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	Agent Name			Address			
LORI-ANN CARLINO	LORI-ANN CARLINO						
Address Chy Zip	Address			City	Zip		
AS TRAVMORE STREET	45 TRAYMORE STREET			CRANSTON	02920-		
43 INATIMORE STREET CRANSTON U292U-					•		

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

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements,		
File Date 10/12/05 *140918* Check No. 12/ By: PMP	contained herein are true and correct Signature of Authorized Person Date		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		