

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 <u>2005</u>

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 128418 ANDRADE CRANSTON REALTY, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island to deal with real estate Rhode Island 5. Principal office address State Zio 552-554 Cranston Street Providence RI 02907-0000 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Tile The Alfredo Andrade Revocable Trust - 2002 Member Street Address City State 02907-0000 RI 552-554 Cranston Street Providence 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 Alfredo Andrade Street Address Street Address 19 Jakes Junction State Zip State Zip MA 02703 Attleboro Manager Name Manager Name Street Address Street Address City State Zio State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Agent Name Alfredo Andrade 552-554 Cranston Street Address City Zip Providence 02907 RI This report must be signed in ink by an authorized person pursuant to 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 contained herein are true and correct. File Date September 6, 2005 Check No. Signature of Authorized Person Date The Alfredo Andrade Revocable Trust - 2002 By: Alfredo Andrade, Trustee Print or Type Name of Authorized Person FOR SECRETARY OF STATE USE ONLY Form 632 Rev. 6/02 Member



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 **2003**

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

File Date	9-16-03	
Check No.	5068	
Ву:	2	
FOR SECRE	TARY 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.

And that all statements contained herein are true and correct.

September 2, 2003

Signature of Authorized Person
The Alfredo Andredo P

Date

The Altredo Andrade Revocable Trust - 2002

By: Alfredo Andrade, Trustee
Print or Type Name of Authorized Person
Member



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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(FORM MUST BE TY	YPED OR PRINTED IN BLA	(CK)				
I. ID No.	2. Exact name of the lin				• • •	
128418		ANDRADE CRANSTON REALTY, LLC				
3. State of Formation	4. Brief descrip	tion of the character of the	business which is actually conducted	in Rhode Island		
Rhode Island to deal with real estate						
5. Principal office address			City	State	Zip	
552-554 Cranston Street			Providence	RI	02907-0000	
Contact Name	DRESS OF LIMITED ndrade Revocable Ti		NY AND NAME OR TITLE Contact Title Member	OF CONTACT P	ERSON:	
Street Address			City	State	Zip	
552-554 Cranston Street			. Providence	RI	02907-0000	
Manager Name Alfredo Andrade Street Address			Manager Name Street Address			
19 Jakes Junct			·	- 10	Ta	
City Attleboro	State MA	^{Zip} 02703	City	State	Zip	
Manager Name			Manager Name	!	· · · · · · · · · · · · · · · · · · ·	
Street Address			·Strect Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGI Agent Name	ENT IN RHODE ISCAN	ID -DO NOT ALTER- CH	nanges require filing of Fo	orm 64 <u>2 -</u> R.I.G. <u>I</u>	7-16-11	
Alfredo Andrade			552-554 Cranston Street			
Address			City		Zip	
7100,000						

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

File Date	9	13/04			
Check No.		11			
By: DA					
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.

Allre do Andrase September 7, 2004
Signature of Authorized Person Date

The Alfredo Andrade Revocable Trust - 2002

Print or Type Name of Authorized Person

By: Alfredo Andrade, Trustee

Form 632 Rev. 6/02

Member