



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. <b>128418</b>		2. Exact name of the limited liability company <b>ANDRADE CRANSTON REALTY, LLC</b>	
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>to deal with real estate</b>	
5. Principal office address <b>552-554 Cranston Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02907-0000</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>The Alfredo Andrade Revocable Trust - 2002</b>		Contact Title <b>Member</b>	
Street Address <b>552-554 Cranston Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02907-0000</b>	
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 <b>Alfredo Andrade</b>		Manager Name .	
Street Address <b>19 Jakes Junction</b>		Street Address .	
City <b>Attleboro</b>	State <b>MA</b>	City .	State .
Zip <b>02703</b>		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 <b>Alfredo Andrade</b>		Address <b>552-554 Cranston Street</b>	
Address .		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02907</b>	

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

File Date	<u>9/7/05</u>
Check No.	<u>29</u>
By:	<u>DA</u>
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.

Alfredo Andrade September 6, 2005  
Signature of Authorized Person Date  
The Alfredo Andrade Revocable Trust - 2002  
By: Alfredo Andrade, Trustee  
Print or Type Name of Authorized Person  
Member



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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

# 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. <b>128418</b>		2. Exact name of the limited liability company <b>ANDRADE CRANSTON REALTY, LLC</b>	
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>to deal with real estate</b>	
5. Principal office address <b>552-554 Cranston Street</b>		City <b>Providence</b>	State <b>RI</b> Zip <b>02907-0000</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>The Alfredo Andrade Revocable Trust - 2002</b>		Contact Title <b>Member</b>	
Street Address <b>552-554 Cranston Street</b>		City <b>Providence</b>	State <b>RI</b> Zip <b>02907-0000</b>
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 <b>Alfredo Andrade</b>		• Manager Name	
Street Address <b>358 Turnpike Street</b>		• Street Address	
City <b>Canton</b>	State <b>MA</b>	Zip <b>02021</b>	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 <b>Alfredo Andrade</b>		Address <b>552-554 Cranston Street</b>	
Address		City <b>Providence</b>	State <b>RI</b> Zip <b>02907</b>

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

File Date	<u>9-16-03</u>
Check No.	<u>5068</u>
By:	<u>[Signature]</u>
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.

Alfredo Andrade September 2, 2003  
Signature of Authorized Person Date  
**The Alfredo Andrade Revocable Trust - 2002**  
By: **Alfredo Andrade, Trustee**  
Print or Type Name of Authorized Person  
**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**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>128418</b>		2. Exact name of the limited liability company <b>ANDRADE CRANSTON REALTY, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>to deal with real estate</b>			
5. Principal office address <b>552-554 Cranston Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02907-0000</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: <b>The Alfredo Andrade Revocable Trust - 2002</b> Contact Title: <b>Member</b>					
Street Address <b>552-554 Cranston Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02907-0000</b>	
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 <b>Alfredo Andrade</b>		Manager Name			
Street Address <b>19 Jakes Junction</b>		Street Address			
City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>	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 <b>Alfredo Andrade</b>		Address <b>552-554 Cranston Street</b>			
Address		City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	

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

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

*Alfredo Andrade* 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**  
**Member**

Form 632 Rev. 6/02