

## 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 \_\_\_\_

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2005	

Filing Period: Septer (FORM MUST BE TYPED			Filing Fee: \$50.00				
1. ID No.		name of the limited liability company					
124519		Properties, LLC					
3. State of Formation	•	1. Brief description of the character of the business which is actually conducted in Rhode Island					
RHODE ISLAND OWNING, LEASING AND OPERATING REAL			L ESTATE.				
5. Principal office address				City	State	Zip	
2005 Division Road			E. Greenwich	BI	03818		
6. MAILING ADDRE	SS OF LI	MITED LIABILITY (	COMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:		
Contact Name	6	<del></del>		Contact Title			
2	<u> </u>	g John Divista	102	Member			
Street Address		2	70	City	State	Ζψ	
97.00	20.	DINISTO	n Mood	E. Greenwich	BI	[09878"	
7. NAME AND ADD	RESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPLICAB	LE		
			BEFORE USING ATTAC				
AN	Y MODIE	FICATIONS TO MAN	AGERS REQUIRES FIL	ING OF AMENDMENT, R.I.G.L.	. 7-16-12 (a) (2)	/ 7-16-52	
Manager Name				Manager Name			
Sireet Address		Street Address					
City		State	Zip	City	State	Zip	
				<u>:</u>	<u> </u>		
Manager Name		Manager Name					
		<u></u>				<del></del>	
Street Address				Street Address			
<u> </u>				<u>:</u>	<del>_</del>	· · · · · · · · · · · · · · · · · · ·	
City		State	Zip	City	State	Zip	
	T IN RHO	ODE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642 -   Address	K.I.G.L. /-10-11		
Agent Name				Autres .			
JEFFREY B. CIANCIO	LO, ESQ.				<u>*</u>		
Address			City Zip				
55 DORRANCE STREET, 2ND FLOOR			PROVIDENCE 02903-				
					<u></u>		

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

File Date	9/30/05 124519
Check No.	1036
Ву:	CJ
	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

Judy K. Johnson

Print or Type Name of Authorized Person



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) 2. Exact name of the limited liability company I. ID No. 124519 Zackso Properties, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation OWNING, LEASING AND OPERATING REAL ESTATE. RHODE ISLAND State 5. Principal office address 81860 RI E.Greenwich 3605 Divistor 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name JUDY JOHNSON State City Street Address 09818 Diwnsord RI Division 900Z 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 (8) (2) / 7-16-52 · Manager Name Manager Name · Street Address Street Address State Zip State Zip ·Cirv City Manager Name Manager Name ·Street Address Street Address City State 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 42 WEYBOSSET STREET, 5TH FLOOR JEFFREY B. CIANCIOLO, ESQ. Zip Cin Address PROVIDENCE 02903~

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





FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. \*124519 DLLC,09/15/04 02:37:30 PM\* File Date Check No.

Judy Johnson

Print or Type Name of Authorized Person

Under penalty of perjury, I declare and affirm that I have examined



Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RJ 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) 2. Exact name of the limited liabilty company 1. ID No. Zackso Properties, LLC 124519 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation RHODE ISLAND Owning, leasing and operating real estate State Zip 5. Principal office address RΙ 02852 North Kingstown 1130 Ten Rod Road, Unit E-303 C MAILING AUDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TIFLE OF CONTACT PERSON: Contact Title Contact Name .Member Judy Johnson Zip State City Street Address 02852 RI North Kingstown 1130 Ten Rod Road, Unit E-303 Enanteandiadares of each manager of the limited likelity company it arrile sir FILL: IN STACES BEFORE USING ATTACHMENTS (22" BOX FOR ATTACHMENT) any moderications to managers requires flung of amendment. R. 13. L.J-16-12 (a) (2) / J-16-52 · Manager Name Manager Name · Street Address Street Address State  $Z_{ip}$ City Zip State City Manager Name Manager Name Stret Address Sircei Address State State Zio City 8 RESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filing of Form 642 ..R.I.GL.7.76-11... Agent Name ONE TURKS HEAD PLACE, SUITE 1200 JEFFREY B. CIANCIOLO, ESQ. Zip City Address PROVIDENCE 02903 DUFFY & SWEENEY, LTD

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





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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.

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FOR SEC	RETARY	OF STA	TE USE	ONLŶ	

Judy	Johnson,	Member
Print or I	pe Name of Author	orized Person