



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 02903-1345
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 96020		2. Exact name of the limited liability company 100 Sockanosset, LLC			
3. State of formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DEVELOPMENT OF REAL ESTATE			
5. Principal office address 1414 Atwood Avenue			City Johnston	State RI	Zip 02919
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Alfred Carpionato			Contact Title Member		
Street Address 1414 Atwood Avenue			City Johnston	State RI	Zip 02919
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			Manager Name		
Street Address			Street Address		
City	State	Zip	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 ANGELO R. MAROCCO, ESQ.			Address		
Address 1200 RESERVOIR AVENUE			City CRANSTON	Zip 02920	

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



96020

File Date	<u>10/20/05</u>
Check No.	<u>2890</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.

[Signature] 9-28-05
Signature of Authorized Person Date
Alfred Carpionato, Member
Print or Type Name of Authorized Person



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 02903-1345
401 222 3039

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. 96020		2. Exact name of the limited liability company 100 Sockanosset LLC			
3. State of formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DEVELOPMENT OF REAL ESTATE			
5. Principal office address 1414 Atwood Avenue			City Johnston	State RI	Zip 02919
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Alfred Carpionato			Contact Title Member		
Street Address 1414 Atwood Avenue			City Johnston	State RI	Zip 02919
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			Manager Name		
Street Address			Street Address		
City	State	Zip	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 ANGELO R. MAROCCO, ESQ.			Address		
Address 1200 RESERVOIR AVENUE			City CRANSTON	Zip 02920	

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



File Date	10/14/04
Check No.	00002598
By	is.
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.

Alfred Carpionato
Signature of Authorized Person
Date 10/14/04
Alfred Carpionato, Member

Print or Type Name of Authorized Person



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 02903-1345
401 222 3046

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. 96020		2. Location of the limited liability company 100 Sockanosset, LLC			
3. State of formation RHODE ISLAND		4. Brief description of the business which is actually conducted in Rhode Island DEVELOPMENT OF REAL ESTATE			
5. Principal office address 1414 Atwood Avenue		City Johnston	State RI	Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Company Name Alfred Carpiolato		Contact Title Member			
Street address 1414 Atwood Avenue		City Johnston	State RI	Zip 02919	
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		Manager Name			
Street Address		Street Address			
City	State	Zip	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 ANGELO R. MAROCCO, ESQ.		Address			
Address 1200 RESERVOIR AVENUE		City CRANSTON	Zip 02920		

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



* 9 6 0 2 0 *

File Date	10-7-03
Check No.	2326
By	<i>AC</i>
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.

Alfred Carpiolato Member, 9/22/03
Signature of Authorized Person Date

Alfred Carpiolato, Member
Print or Type Name of Authorized Person



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)

1 ID No 96020		2 Exact name of the limited liability company 100 Sockanosset, LLC	
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island DEVELOPMENT OF REAL ESTATE	
5 Principal office address 1414 Atwood Avenue		City Johnston	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Alfred Carpiolato		Contact Title Member	
Street Address 1414 Atwood Avenue		City Johnston	State RI
		Zip 02919	
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		*Manager Name	
*Street Address		*Street Address	
City	State	Zip	City
State	State	Zip	State
*Manager Name		*Manager Name	
*Street Address		*Street Address	
City	State	Zip	City
State	State	Zip	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 ANGELO R. MAROCCO, ESQ.		Address	
Address 1200 RESERVOIR AVENUE		City CRANSTON	Zip 02920

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



* 9 6 0 2 0 *

File Date	10.2.02
Check No.	2009
By:	<i>[Signature]</i>
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]
Signature of Authorized Person
Date 10/17/02
Alfred Carpiolato, Member
Print or Type Name of Authorized Person

Filing Fee: \$50.00

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

LIMITED LIABILITY COMPANY

ID Number DLLC 96020

Annual Report for the year 2001

- The name of the limited liability company is:
100 Sockanosset, LLC
- The address of the principal office of the limited liability company is:
1414 Atwood Avenue, Johnston, RI 02919
- The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
- The name and address of its resident agent is: ANGELO R. MAROCCO, ESQ.
1200 RESERVOIR AVENUE CRANSTON RI 02920
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Alfred Carpionato, 1414 Atwood Avenue, Johnston,
RI 02919
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: development of real estate
- If the limited liability company has managers, the name and address of each manager of the limited liability company
Name Address

Dated 10-31-01



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.

100 Sockanosset, LLC
Exact Name of Limited Liability Company

By Alfred Carpionato
Member
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>11-19-01</u>
Check No.:	<u>1799</u>
By:	<u>Al</u>

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at (401) 222-3040, or from our web site at www.state.ri.us.

Filing Fee: \$50.00

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

LIMITED LIABILITY COMPANY

ID Number DLLC 96020

Annual Report for the year 2000

1. The name of the limited liability company is:

100 Sockanosset, LLC

2. The address of the principal office of the limited liability company is:

1414 Atwood Avenue, Johnston, RI 02919

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: ANGELO R. MAROCCO

1200 RESERVOIR AVENUE CRANSTON RI 02920

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Alfred Carpionato, 1414 Atwood Avenue, Johnston,

RI 02919

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: development of real estate

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
_____	_____
_____	_____
_____	_____

Dated 9-22-00



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.

100 Sockanosset, LLC

Exact Name of Limited Liability Company

By [Signature]

Member

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10/4</u>
Check No.:	<u>1567</u>
By:	<u>[Signature]</u>

Filing Fee: \$50.00

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

LIMITED LIABILITY COMPANY

ID Number LL 96020

Annual Report for the year 1999

- The name of the limited liability company is:
100 Sockanosset, LLC
 - The address of the principal office of the limited liability company is:
1414 Atwood Avenue, Johnston, RI 02919
 - The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
 - The name and address of its resident agent is: ANGELO R. MAROCCO
1200 RESERVOIR AVENUE CRANSTON, RI 02920
 - The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Alfred Carpionato, 1414 Atwood Avenue, Johnston, RI 02919
 - A brief statement of the character of the business in which the limited liability company is actually engaged in this state: development of real estate
 - If the limited liability company has managers, the name and address of each manager of the limited liability company
- | <i>Name</i> | <i>Address</i> |
|-------------|----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Dated 10/26/99



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.

100 Sockanosset, LLC
Exact Name of Limited Liability Company
By Alfred Carpionato
Member

FOR SECRETARY OF STATE USE ONLY
File Date: 10/28/99
Check No.: 1288
By: COA

