

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

(FORM MUST BE TYPE	D OR PR	INTED IN BL	ACK)					
1 1D No 120522			une of the limited hability company) DEVELOPMENT LLC					
3 State of Formation		4 Brief descry	Brief description of the character of the business which is actually conducted in Rhode Island					
RHODE ISLAND		OWNING, S	BELLING, LEASING	AND MANAGING REAL BS	TATE AND ANY OTE	HER LAWFUL BUSINESS		
5. Principal office addre 55 BUDLONG RO				City CRANSTON	State R.I	Zip 02920		
6. MATLING ADDI Contuct Name SERAFINO V. CA			LIABILITY COMP	ANY AND NAME OR TIT Contact Title MEMBER	LE OF CONTACT P	ERSON:		
Street Address				City	State	Zip		
55 BUDLONG ROA	AD .			.CRANSTON	RI	02920		
	in the first	FILL IN S	PACES BEFORE USIN	LIMITED LIABILITY CONTROL OF ATTACHMENTS ("X" BUTTON BUTTON OF AMENDMEN Manager Name . Manager Name	OX FOR ATTACHMENT)			
Street Address				• Sireei Address				
Сиу		State	Zip	*City	State	Ζιρ		
Manager Name	• • • •	J		Manager Name				
Street Address	•			*Street Address				
Cuy		State	Zip	.City	State	Zip		
8. RESIDENT AGEN	IT IN RI	HODE ISLAN	ID DO NOT ALTER- C	hanges require filing o	f form 642 -RJGI	7-16-11		
KATHLEEN G. DI	MURO	, ESQ.		1340 CRANSTO	ON STREET			
Address				Сіту	- 	Zip		
				CRANSTON		02920		

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

11/1/00
File Date //////5.
Check No. 283
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and at	firm that I have examined
this report, including any accompanying	
and that all styleshorts contained herein a	ire true and correct.
Signature of Afthorized Person	Date
SERAFINO V. CAZZANI	, MEMBER
Print or Type Name of Authorized Person	-



FOR SECRETARY OF STATE USE ONLY

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

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

****				2004
LIMITED LIABILITY	COMPANY ANNUAL	REPORT FOR	THE YEAR	2004

FORM MUST BE TYPE							
I. ID No. 120522		Exact name of the limited liability company METRO DEVELOPMENT LLC					
3. State of Formation	1		ne character of the husiness	which is actually condu	icted in Rhode Island	<u> </u>	
RHODE ISLAND	OW	NING, SELLIN	G, LEASING AND MA	ANAGING REAL ES	TATE AND ANY OTE	ER LAWPUL BUSINESS	
5. Principal office address 55 BUDLONG RO				City CRANSTON	State RI	<i>Zip</i> 02920 -	
6. MAILING ADDI Contact Name SERAFINO V CA		IMITED LIABI	LITY COMPANY AN	D NAME OR TIT	LE OF CONTACT P	ERSON	
Street Address 55 BUDLONG ROAD				City . CRANSTON	State RI	Zip 02920-	
5 1.11. 81 197 5 1 19 1 1 TURNET	dress of	FILL IN SPACES	ER OF THE LIMIT BEFORE USING ATTAC NAGERS REQUIRES FI	ED LIABILITY CO	OX FOR ATTACHMENT)	CABLE	
NONE				•			
Street Address				• Street Address			
Gity	.Sta.	le .	Zip	*City	State	Zip	
Munager Name		<i></i>	l	Manuger Name	l	I	
Street Address				•Street Address			
City	Sia	ie	Ζίρ	City	State	Zip	
8. RESIDENT AGES Agent Name KATHLEEN G. DI			l V <i>OT ALTER</i> - Change:	a require filing of Address 1340 CRANSTO		.7-16-11	
Address				City		Zıp	
				CRANSTON		02920	
			FILED				
		9	EP 20 2004				
		31	tmc				
		·- ,	mys	53			
This report must be	signed in	ink by an auth	orized person pursua	nt to 7-16-66.			
						V .	
File Date	2 0 5	2 2		this report, incl	of perjury, I declare and uding any accompanyin ements contained herein	affirm that I have examined g schedules and statements, a are true and correct.	
Check No.				Signature of Juth	orized Person	Date	

SERÁFINO V. CAZZANI, MEMBER

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

IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

FORM MUST BE T								
T. TD No. 120 522		name of the limited liabilty company O DEVELOPMENT LLC						
3 State of Formatio	7		Brief description of the character of the business which is actually conducted in Rhode Island OWNING, SELLING, LEASING & MANAGING REAL ESTATEB AND ANY OTHER LAWFUL BUSINESS					
RHODE ISLAN	ND	OWNING, S	ELLING, LEASING	& MANAGING REAL ESTATE	B AND ANY OTHE	R LAWPUL BUSINESS		
5. Principal office of	iddress	L		City	State	Zip		
55 BUDLONG ROAD			CRANSTON	RI	02920-			
6. MAILING A Contact Name SERAFINO V		F LIMITED	LIABILITY COMP.	ANY AND NAME OR TITLE Contact Title MEMBER	OF CONTACT P	ERSON:		
Sovet Address				City	State	Zip		
55 BUDLONG				. CRANSTON	RI	02920-		
Manager Name NONE	ANYM			G ATTACHMENTS ("X" BOX UIRES FILING OF AMENDMENT. · Manager Name				
Street Address				• Street Address				
City		State	Zip	*Cin	State	Zip		
Manager Name	• • • • •	J		Manager Name				
Sircet Addiess	<u> </u>			Street Address				
City	··	State	Zip	City	State	Zip		
8. RESIDENT A	GENT IN R	HODE ISLAN	ID DO NOT ALTER- O	hanges require filing of	Form 642 - R.I.G.	7-16-10		
Agent Name				1340 CRANSTON	STREET			
Agen Name KATHLEEN G	. DI MURC), ESQ.						
~	. DI MURO	J, ESQ.		City	<u> </u>	Zip 02920-		

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





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120522 D	DLLC 09/25/03 #2:44:37 PM
File Date	
Check No	OCT 09 2003
Be	m2446
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 coplained herein are true and correct.

Signature of Authorized Person

Date

SERAFINO V. CAZZANI, MEMBER

Print or Type Name of Authorized Person



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222 3040

MITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

FORM MUST BE TYP		November 1 INTED IN BLAC	CK)					
1 ID No. *120522*	2. Exact	name of the limited liabilty company O DEVELOPMENT LLC						
3 State of Formation	, ,	4. Brief description of the character of the business which is actually conducted in Rhode Island						
RHODE ISLAND Owning, selling, leasing and				and managing real es	managing real estate			
5 Principal office address 55 Budlong Road				City CRANSTON	State RI	Zip 02920-		
6. MAILING ADD Contact Name Serafino V.			IABILITY COMPA	NY AND NAME OR TIT Contact Title Member	LE OF CONTACT P	ERSON		
Sirret Address 55 Budlong Ro	ad			<i>City</i> Cranston	State RI	<i>Zip</i> 02920		
7. NAME AND AD Manager Name N/A Street Address		FILL IN SPA	CES BEFORE USING	LIMITED LIABILITY CO ATTACHMENTS ("X" BO HRES FILING OF AMENOMEN · Manager Name · Street Address	ÓX FOR ATTACHMENT,			
City	<u> </u>	State	Zip	• City	State	Zip		
Manager Name	J		l	Manager Name				
Street Address				· Street Address				
City		State	Zip	City	State	Zip		
8. RESIDENT AGE Agent Name KATHLEEN G. D			DO NOT ALTER- CI	nanges require filing of Address 1340 CRANSTO		27-16 D		

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





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*120522 DLL@ File Date NOV 26 2002 Check No.

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have exa this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

9/1/02 Signature of Authorized Person Date

Serafino V. Cazzani, Member

Print or Type Name of Authorized Person