



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 120522		2 Exact name of the limited liability company METRO DEVELOPMENT LLC	
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island OWNING, SELLING, LEASING AND MANAGING REAL ESTATE AND ANY OTHER LAWFUL BUSINESS	
5 Principal office address 55 BUDLONG ROAD		City CRANSTON	State RI
		Zip 02920	
6 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name SERAFINO V. CAZZANI		Contact Title MEMBER	
Street Address 55 BUDLONG ROAD		City CRANSTON	State RI
		Zip 02920	
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 NONE		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Manager Name	Manager Name		
Street Address	Street Address		
City	State	Zip	City
State	Zip	City	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 KATHLEEN G. DI MURO, ESQ.		Address 1340 CRANSTON STREET	
Address		City CRANSTON	Zip 02920

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



1 2 0 5 2 2

File Date	11/1/05
Check No	2883
By:	
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

SERAFINO V. CAZZANI, 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 02903-1335
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. 120522		2. Exact name of the limited liability company METRO DEVELOPMENT LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING, SELLING, LEASING AND MANAGING REAL ESTATE AND ANY OTHER LAWFUL BUSINESS	
5. Principal office address 55 BUDLONG ROAD		City CRANSTON	State RI Zip 02920-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name SERAFINO V CAZZANI		Contact Title MEMBER	
Street Address 55 BUDLONG ROAD		City CRANSTON	State RI Zip 02920-
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 NONE		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 842 - R.I.G.L. 7-16-11			
Agent Name KATHLEEN G. DI MURO, ESQ.		Address 1340 CRANSTON STREET	
Address		City CRANSTON	Zip 02920

FILED

SEP 20 2004

By Kmc

m45053

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



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File Date _____
Check No. _____
By: _____
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

SERAFINO V. CAZZANI, 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 02903-1335
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 120522		2. Exact name of the limited liability company METRO DEVELOPMENT LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING, SELLING, LEASING & MANAGING REAL ESTATE AND ANY OTHER LAWFUL BUSINESS	
5. Principal office address 55 BUDLONG ROAD		City CRANSTON	State RI
		Zip 02920-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name SERAFINO V CAZZANI		Contact Title MEMBER	
Street Address 55 BUDLONG ROAD		City CRANSTON	State RI
		Zip 02920-	
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) / 7-18-52			
Manager Name NONE		*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 KATHLEEN G. DI MURO, ESQ.		Address 1340 CRANSTON STREET	
Address		City CRANSTON	Zip 02920-

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



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FILED
File Date
Check No. OCT 09 2003
By 3128446
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

SERAFINO V. CAZZANI, MEMBER

Print or Type Name of Authorized Person



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

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. *120522*		2. Exact name of the limited liability company METRO DEVELOPMENT LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Owning, selling, leasing and managing real estate	
5. Principal office address 55 Budlong Road		City CRANSTON	State RI
		Zip 02920-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Serafino V. Cazzani		Contact Title Member	
Street Address 55 Budlong Road		City Cranston	State RI
		Zip 02920	
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 N/A		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	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 KATHLEEN G. DI MURO, ESQ.		Address 1340 CRANSTON STREET	
Address		City CRANSTON	Zip 02920-

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



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Check No	By CC 1936
By	
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: Serafino V. Cazzani Date: 9/1/02
Print or Type Name of Authorized Person: Serafino V. Cazzani, Member