



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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 112922		2. Exact name of the limited liability company REELAXATION, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROPERTY HOLDING COMPANY	
5. Principal office address 1193 Reservoir Avenue		City Cranston	State RI
		Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name David Guadagnoli		Contact Title Member	
Street Address 10 Jacob Drive		City Mansfield	State MA
		Zip 02048	
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 ALAN P. GELFUSO		Address	
Address 1193 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 9/29/05 112922*

Check No. 10113

By: CG

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.

David A. Guadagnoli, Manager 9/18/05
Signature of Authorized Person Date

DAVID A. GUADAGNOLE
Print or Type Name of Authorized Person



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 112922		2 Exact name of the limited liability company REELAXATION, LLC			
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island PROPERTY HOLDING COMPANY			
5 Principal office address 1193 Reservoir Avenue			City Cranston	State RI	Zip 02920
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DAVID GUADAGNOLI			Contact Title Member		
Street Address 10 Jacob Drive			City Mansfield	State MA	Zip 02048
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 ALAN P. GELFUSO			Address		
Address 1193 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.



* 1 1 2 9 2 2 *

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

David A. Guadagnoli, Manager 10/23/04
Signature of Authorized Person Date

DAVID A. GUADAGNOLI
Print or Type Name of Authorized Person

File Date 10/29/04
Check No. 8465
By W.
FOR SECRETARY OF STATE USE ONLY



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. 112922		2. Exact name of the limited liability company REELAXATION, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROPERTY HOLDING COMPANY			
5. Principal office address 1193 Reservoir Avenue		City Cranston	State Rhode Island	Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Alan P. Gelfuso			Contact Title Member		
Street Address 1193 Reservoir Avenue		City Cranston	State Rhode Island	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
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 ALAN P. GELFUSO			Address		
Address 1193 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.



* 1 1 2 9 2 2 *

File Date 10-10-03
Check No. 7402
By: [Signature]
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] 10-8-03 ✓
Signature of Authorized Person Date
ALAN P. GELFUSO
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. 112922		2. Exact name of the limited liability company REELAXATION, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROPERTY HOLDING COMPANY			
5. Principal office address 1193 RESERVOIR AVENUE			City CRANSTON	State RHODE ISLAND	Zip 02920
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ALAN P. GELFUSO			Contact Title MEMBER		
Street Address 1193 RESERVOIR AVENUE			City CRANSTON	State RHODE ISLAND	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			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 ALAN P. GELFUSO			Address		
Address 1193 RESERVOIR AVENUE			City CRANSTON	Zip 02920	

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



1 1 2 9 2 2

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.

File Date 9-23-02
Check No. 6556
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

[Signature] Date 9-20-02
Signature of Authorized Person
ALAN P. GELFUSO
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 112922

Annual Report for the year 2001

1. The name of the limited liability company is:

REELAXATION, LLC

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

1193 Reservoir Avenue, Cranston, Rhode Island 02920

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: ALAN P. GELFUSO

1193 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: Alan P. Gelfuso

1193 Reservoir Avenue, Cranston, Rhode Island 02920

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

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

Name

Address

n/a

Dated 10/18/01

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.



REELAXATION, LLC

Exact Name of Limited Liability Company

By Alan P. Gelfuso

Member

Title

FOR SECRETARY OF STATE USE ONLY
File Date: 10-24-01
Check No.: 5709
By: 2

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