



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 02903-1333
401.222.3044

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)

Form with fields for: 1. ID No. (132922), 2. Exact name of the limited liability company (APPONAUG CORNERS, LLC), 3. State of Formation (RHODE ISLAND), 4. Brief description of the character of the business (REAL ESTATE), 5. Principal office address (2050 Plainfield Pike, Cranston, RI, 02921), 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON (Mario Coletta, President), 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, 8. RESIDENT AGENT IN RHODE ISLAND (REVENS, REVENS & ST. PIERRE, 946 CENTERVILLE ROAD, WARWICK, 02886).

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



132922

File Date: 10-18-05
Check No.: 5060
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] 9/29/05
Signature of Authorized Person Date

Mario Coletta
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. 132922		2. Exact name of the limited liability company APPONAUG CORNERS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island real estate			
5. Principal office address 2050 Plainfield Pike		City Cranston	State RI	Zip 02921	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Mario Coletta			Contact Title President		
Street Address 2050 Plainfield Pike		City Cranston	State RI	Zip 02921	
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 REVENS, REVENS & ST. PIERRE			Address		
Address 946 CENTERVILLE ROAD			City WARWICK	Zip 02886	

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



* 1 3 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	11/16/04
Check No.	468
By:	W.
FOR SECRETARY OF STATE USE ONLY	

Mario Coletta 11/16/04
Signature of Authorized Person Date

MARIO COLETTA

Print or Type Name of Authorized Person