



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)

Form with multiple sections for company information, principal office address, mailing address, manager details, and resident agent information. Includes fields for ID No, company name, state, address, city, state, zip, contact name, and title.

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



Administrative box for Secretary of State use only, containing fields for File Date (8/31/05), Check No. (1589), and By (DA).

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: Frank Caprio, Date: 8/28/05. Print or Type Name of Authorized Person: FRANK CAPRIO



**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 <b>103623</b>		2. Exact name of the limited liability company <b>CORY STREET HOLDINGS, L.L.C.</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>INVESTMENTS</b>	
5. Principal office address <b>One Center Place</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02903</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>FRANK CAPRIO</b>		Contact Title <b>Manager</b>	
Street Address <b>One Center Place</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02903</b>	
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 <b>FRANK CAPRIO</b>		Manager Name	
Street Address <b>One Center Place</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
Manager Name		Manager Name	
Street Address		Street Address	
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 <b>FRANK CAPRIO</b>		Address	
Address <b>ONE CENTER PLACE</b>		City <b>PROVIDENCE</b>	Zip <b>02903</b>

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



\* 1 0 3 6 2 3 \*

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.

**Cory Street Holdings LLC**

**By Frank Caprio 9-7-04**

Signature of Authorized Person *frank caprio* Date

**FRANK CAPRIO**

Print or Type Name of Authorized Person

File Date	<b>9/8/04</b>
Check No.	<b>1494</b>
By:	<b>RA</b>
FOR SECRETARY OF STATE USE ONLY	



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100 North Main Street
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(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)

Form with fields for ID No (103623), Exact name of the limited liability company (CORY STREET HOLDINGS, L.L.C.), State of Formation (RHODE ISLAND), Principal office address (ONE CENTER PLACE), Mailing address, Manager Name (FRANK CAPRIO), and Resident Agent information.

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



\* 1 0 3 6 2 3 \*

Box for Secretary of State use only containing File Date (9-9-03), Check No (1397), and Signature.

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: CORY STREET HOLDINGS L.L.C. BY Frank Caprio 9-8-03
FRANK CAPRIO
Print or Type Name of Authorized Person



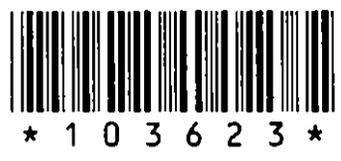
**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 103623		2. Exact name of the limited liability company CORY STREET HOLDINGS, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENTS	
5. Principal office address 1 Center Place		City Providence	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name FRANK CAPRIO		Contact Title MGR.	
Street Address One Center Place		City Providence	State RI
		Zip 02903	
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 FRANK CAPRIO		Manager Name	
Street Address One Center Place		Street Address	
City Providence	State RI	Zip 02903	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 FRANK CAPRIO		Address	
Address ONE CENTER PLACE		City PROVIDENCE	Zip 02903

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



File Date	8-30-02
Check No.	1303
By:	<i>FC</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.

CORY STREET HOLDINGS LLC  
By Frank Caprio Manager 8/28/02  
Signature of Authorized Person Date

FRANK CAPRIO, Manager  
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 103623

Annual Report for the year 2001

1. The name of the limited liability company is:

CORY STREET HOLDINGS, L.L.C.

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

One Center Place Providence RI 02903

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: FRANK CAPRIO

ONE CENTER PLACE PROVIDENCE RI 02903

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: Frank Caprio, One Center Place Providence RI 02903

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

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

Name

Address

Dated

8/23/01

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.



1 0 3 6 2 3

Cory Street Holdings, L.L.C.

Exact Name of Limited Liability Company

By

Frank Caprio

member

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

8-24-01

Check No.:

1206

By:

[Signature]

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

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



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100 North Main Street Providence, Rhode Island 02903-1335  
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**LIMITED LIABILITY COMPANY**

ID Number DLLC 103623

Annual Report for the year 2000

1. The name of the limited liability company is:

CORY STREET HOLDINGS, L.L.C.

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

One Center Place Providence RI 02903

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: FRANK CAPRIO

ONE CENTER PLACE PROVIDENCE RI 02903

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: One Center Place Providence RI 02903

Attn: Frank Caprio

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

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

Name

Address

Frank Caprio

One Center Place Prov. RI 02903

Dated 9/1/00

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.



1 0 3 6 2 3

Cory Street Holdings L.L.C.

Exact Name of Limited Liability Company

By Frank Caprio

MANAGER

Title

FOR SECRETARY OF STATE USE ONLY

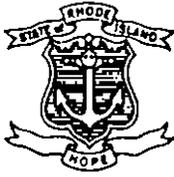
File Date: 4-5-00

Check No.: 1119

By: AMF

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



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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 103623

Annual Report for the year 1999

- The name of the limited liability company is:  
CORY STREET HOLDINGS, L.L.C.
- The address of the principal office of the limited liability company is:  
One Center Pl. Prov. RI
- 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: JONATHAN V. KALANDER, ESQ  
KALANDER & ASSOCIATES, LTD. 146 WESTMINSTER STREET PROVIDENCE, RI 02903
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Frank Caprio, One Center Place.  
Providence RI 02903
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: investments
- If the limited liability company has managers, the name and address of each manager of the limited liability company
 

Name	Address
<u>Frank Caprio</u>	<u>One Center Pl. Prov. RI 02903</u>

Dated \_\_\_\_\_

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.



Cory Street Holdings, LLC  
Exact Name of Limited Liability Company

By Frank Caprio  
Manager  
Title

FOR SECRETARY OF STATE USE ONLY

FILED

File Date: OCT 21 1999

Check No.: BY MD 332611

By: [Signature]