



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

1. ID No. <u>117223</u>		2. Exact name of the limited liability company <u>BALI Properties LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Auto Dealership</u>	
5. Principal office address <u>800 Charles St</u>		City <u>Prov</u>	State <u>RI</u>
		Zip <u>02904</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Robert Mennella Jr.</u>		Contact Title <u>Owner</u>	
Street Address <u>800 Charles St</u>		City <u>Prov</u>	State <u>RI</u>
		Zip <u>02904</u>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS 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 <u>Robert Mennella Jr.</u>		Manager Name	
Street Address <u>14 Dodge St.</u>		Street Address	
City <u>NO Prov</u>	State <u>R.I</u>	City	State
	Zip <u>02904</u>		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		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 <u>Robert Mennella Jr</u>		Address <u>14 Dodge St.</u>	
Address		City <u>NO Prov</u>	Zip <u>02904</u>

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

Robert G Mennella Jr 4/27/06
Signature of Authorized Person Date
Robert G Mennella Jr.
Print or Type Name of Authorized Person

FILED	
File Date	<u>APR 27 2006</u>
Check No.	<u>By AC 97081</u>
By:	
FOR SECRETARY OF STATE USE ONLY	



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
 401.222.304

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 117223		2. Exact name of the limited liability company Bani Properties, LLC dba - Gemini Autosales	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Auto sales	
5. Principal office address 800 CHARLES ST		City PROV	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name ANTHONY LANNI		Contact Title Owner	Zip 02904
Street Address Same		City	State
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 ANTHONY LANNI		Manager Name	
Street Address 24 Rome Ave		Street Address	
City PROV	State RI	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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 ANTHONY LANNI		Address	
Address 24 Rome Ave		City PROV	Zip 02904

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

MAY 23 2005
 By Kunc
C Lanni

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] 5.22.05
 Signature of Authorized Person Date

File Date _____
 Check No. _____
 By: _____

A Lanni
 Print or Type Name of Authorized Person



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

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. <u>117223</u>		2. Exact name of the limited liability company <u>Bari PROPERTIES, LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Real Estate.</u>	
5. Principal office address <u>24 RIME AVE</u>		City <u>N PROV</u>	State <u>RI</u>
		Zip <u>02909</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Scott ANTHONY LANNI</u>		Contact Title <u>PM</u>	
Street Address <u>Same</u>		City	State
		Zip	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT () ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name <u>ANTHONY LANNI</u>		Manager Name	
Street Address <u>24 RIME AVE</u>		Street Address	
City <u>N PROV</u>	State <u>RI</u>	City	State
Zip <u>02909</u>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 842 - R.I.G.L. 7-16-11			
Agent Name		Address	
Address		City	Zip

RECEIVED
 JUL 19 3 39 PM '03

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

JUL 1 2003

AMF
C1292a

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.

AR

7-11-03

Signature of Authorized Person

Date

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY