



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. 111125		2. Exact name of the limited liability company RICIR, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROPERTY MANAGEMENT AND REAL ESTATE BROKERAGE			
5. Principal office address 455 Charles ST		City Providence	State RI	Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name LEONARD E LAVOIE			Contact Title PETER M GIROUX		
Street Address 455 Charles st		City Providence	State RI	Zip 02904	
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 LEONARD E LAVOIE			Manager Name PETER M GIROUX		
Street Address 455 Charles ST		Street Address 455 Charles ST			
City PROV	State RI	Zip 02904	City PROV	State RI	Zip 02904
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 LEONARD E. LAVOIE			Address		
Address 455 CHARLES STREET		City PROVIDENCE	Zip 02904		

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



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 10/14/05 "111125"
 Check No. 3583
 By: Ch
 FOR SECRETARY OF STATE USE ONLY

[Signature] 9-7-05
 Signature of Authorized Person Date
LEONARD E LAVOIE
 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. 111125		2. Exact name of the limited liability company RICIR, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROPERTY MANAGEMENT	
5. Principal office address 455 CHARLES STREET		City PROVIDENCE	State RI Zip 02904-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name LEONARD E LAVOIE		Contact Title	
Street Address 455 CHARLES ST.		City PROVIDENCE	State RI Zip 02904-
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 LEONARD E. LAVOIE		Manager Name PETER M. GIROUX	
Street Address 455 Charles St		Street Address 455 Charles St	
City Pro	State RI	Zip 02904	City Pro
State RI	Zip 02904	State RI	Zip 02904
Street Address		Street Address	
City	State	Zip	City
State	Zip	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filing of Form 642 R.I.G.L. 7-16-D			
Agent Name LEONARD E. LAVOIE		Address 455 CHARLES STREET	
Address		City PROVIDENCE	Zip 02904-

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



1 1 1 1 2 5

111125 DLLC 12/02/04 11:25:45 AM

File Date 12/6/04

Check No. 3409

By: LD

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] 12/2/04
Signature of Authorized Person Date
LEONARD E LAVOIE
Print or Type Name of Authorized Person



OFFICE 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 5040

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. 111125		2 Exact name of the limited liability company RICIR, LLC			
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island PROPERTY MANAGEMENT			
5 Principal office address 455 CHARLES STREET		City PROVIDENCE	State RI	Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name LEONARD E. LAVOIE			Contact Title PARTNER		
Street address 455 Charles St		City Providence	State RI	Zip 02904	
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 LEONARD E. LAVOIE			Manager Name Peter Giroux		
Street Address 455 Charles St		Street Address 455 Charles St			
City PROV.	State RI	Zip 02904	City PROV.	State RI	Zip 02904
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 LEONARD E. LAVOIE			Address		
Address 455 CHARLES STREET		City PROVIDENCE	Zip 02904		

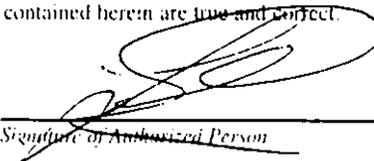
This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 1 1 1 2 5 *

File Date	9.9.03
Check No	3172
By	Le
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

9/5/03
Date

LEONARD E. LAVOIE
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. 111125		2. Exact name of the limited liability company RICIR, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROPERTY MANAGEMENT	
5. Principal office address 455 Charles St		City Providence	State RI
		Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name LEONARD LAVOIE		Contact Title	
Street Address 455 Charles St		City Providence	State RI
		Zip 02904	
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 LEONARD LAVOIE		Manager Name Peter Giroux	
Street Address 455 Charles St		Street Address Same	
City Providence	State RI	Zip 02904	
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 LEONARD E. LAVOIE		Address	
Address 455 CHARLES STREET		City PROVIDENCE	Zip 02904

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



* 1 1 1 1 2 5 *

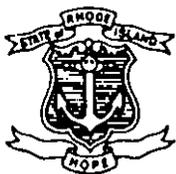
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date 9-5-02
Check No. 6777
By: LC
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person [Signature] Date 09/03/02
Print or Type Name of Authorized Person LEONARD LAVOIE

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 111125

Annual Report for the year 2001

1. The name of the limited liability company is:

RICIR, LLC

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

455 Charles St, Providence, RI 02904

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: LEONARD E. LAVOIE

455 CHARLES STREET PROVIDENCE RI 02904-

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: LEONARD E LAVOIE

455 CHARLES ST PROV RI 02904

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

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 1 1 1 2 5

RICIR LLC

Exact Name of Limited Liability Company

By

[Signature]
President (resident Agent)
Title

FOR SECRETARY OF STATE USE ONLY

File Date:

8-27-01

Check No.:

6509

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