

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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222,3040

Matthew A. Brown, Secretary of State

IMITED	LIADILITY	COMPANY	A NINITIA T	DEDODT	EOD TIU	CVEAD	2005
JIMITED	LIABILITY	COMPANY	ANNUAL	REPORT	FOR TH	L Y LAK	2000

1. (D) No 142225 Willett/Riverside, LLC	Filing Period: Septen FORM MUST BE TYPED			Filing Fee: \$50.00				
RHODE ISLAND 5. Principal office address 1061 Willett Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Roland J. Ferland Street Address 1061 Willett Avenue 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 Street Address 1061 Willett Avenue CEast Providence Street Address 1061 Willett Avenue Street Address 1061 Willett Avenue Manager Name Manager Name Manager Name Manager Name		1	•	ty company				
5. Principal office address 1061 Willett Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Roland J. Ferland Street Address 1061 Willett Avenue 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 Roland J. Ferland Street Address 1061 Willett Avenue CEast Providence Street Address 1061 Willett Avenue CEast Providence State RI State Zip 02915 City State Zip Manager Name	3. State of Formation		4. Brief description of the	character of the business	which is actually conducted in Rhode Island	đ	_	
1061 Willett Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Roland J. Ferland Street Address 1061 Willett Avenue 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 Roland J. Ferland Manager Name Street Address 1061 Willett Avenue CEast Providence Manager Name Manager Name Manager Name Manager Name Manager Name Manager Name	RHODE ISLAND							
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Roland J. Ferland Street Address 1061 Willett Avenue Capy East Providence RI Contact Title Manager Capy East Providence RI Contact Title Manager State RI 02915 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 Street Address 1061 Willett Avenue CEast Providence State RI Zip 02915 Manager Name Manager Name Manager Name	,				r · ·		7	αφ 02915
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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 Roland J. Ferland Manager Name Street Address 1061 Willett Avenue CEast Providence State RI Zip 02915 Manager Name Manager Name	1061 Willett Avenue						2	02915
1061 Willett Avenue CEast Providence State RI Zip 02915 Manager Name State RI Manager Name	AN	Y MODII	FILL IN SPACES FICATIONS TO MAN	BEFORE USING AT	TACHMENTS ("X" BOX FOR AT FILING OF AMENDMENT, R.I.G.L :	TACHMENT	· —	2
Manager Name Manager Name		Wil	lett Avenue		Sireet Address			
	East Providence State RI 2ip 02915			City	State Zip		Пр	
Street Address Street Address	Manager Name	• • • • • • • • • • • • • • • • • • • •		·····	Manager Name		••••••••••	••••••••••
	Street Address				Street Address			
City State Zip City State Zip	City		State	Zip	City	State	2	SIP .
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name JAMES A. O'LEARY	Agent Name	T IN RH	ODE ISLAND - DO 1	l NOT ALTER - Chanរ	· 1 ·	1 R.I.G.L. 7-1	1 <u>.</u> 16-11	
Address City Zip	Address			City Z.		Zip		
9 MARK FORE DRIVE WEST WARWICK 02893.	9 MARK FORE DRIVE			WEST WARWICK 02		02893-	2893-	

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

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File Date	00.00	*142225*
Check No.	1 404	
By:	RETARY 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.

10/28/05