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

Matthew ... 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.	2. Exact name of the limited liability company
133125	BONIN PROPERTIES, L.L.C.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	REAL ESTATE

5. Principal office address	City	State	Zip
182 SAUNDERS BROOK ROAD	GLOCESTER	RI	02814-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY [illegible]

Contact Name	Contact Title
STEPHEN J DIGIANFILLIPPO	

Street Address	City	State	Zip
50 PARK ROW WEST, SUITE 111	PROVIDENCE	RI	02903-

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE [illegible]
ANY MODIFICATION TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-52 [illegible]

Manager Name			Manager Name		
Michael F. Bonin			Christine E. Bonin		
Street Address			Street Address		
182 Saunders Brook Road			182 Saunders Brook Road		
City	State	Zip	City	State	Zip
Glocester	RI	02814	Glocester	RI	02814
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 [illegible])

Agent Name	Address	
STEPHEN J. DIGIANFILIPPO, ESQ.	50 PARK ROW WEST, SUITE 111	
Address	**City**	**Zip**
Vieira & DiGianfilippo Ltd.	PROVIDENCE	02903-

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

1 3 3 1 2 5

133125 DLLC 09/07/05 [illegible] PM
File Date 11/14/05
Check No.
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] 11/10/05
Signature of Authorized Person — *Date*

Michael F. Bonin, Manager
Print or Type Name of Authorized Person

Form 632 Rev. 6/02

BONIN PROPERTIES LLC
182 SAUNDERS BROOK RD
CHEPACHET, RI 02814
(401) 568-7392
10791
PAY TO THE ORDER OF [illegible] $50.00
DOLLARS
Bank of America
MEMO
⑆011500010⑆ [illegible] 10791

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	*2. Exact name of the limited liability company*
133125	BONIN PROPERTIES, L.L.C.

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
RHODE ISLAND	**Real Estate**

5. Principal office address	*City*	*State*	*Zip*
182 SAUNDERS BROOK ROAD	GLOCESTER	RI	02814-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
Stephen J. DiGianfilippo, Esq.	Attorney

Street Address	*City*	*State*	*Zip*
50 Park Row West, Suite 111	Providence	RI	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)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	*Street Address*	*City*	*State*	*Zip*
Michael F. Bonin	182 Saunders Brook Road	Glocester	RI	02814
Christine E. Bonin	182 Saunders Brook Road	Glocester	RI	02814
Manager Name	*Street Address*	*City*	*State*	*Zip*
Manager Name	*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	*Address*	*City*	*Zip*
STEPHEN J. DIGIANFILIPPO, ESQ.	50 PARK ROW WEST, SUTIE 111	PROVIDENCE	02903-

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

1 3 3 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.

Michael F. Bonin 10/25/04
Signature of Authorized Person *Date*

Michael F. Bonin, Manager
Print or Type Name of Authorized Person

133125 DLLC 09/16/04 04:09:08 PM
File Date 10/28/04
Check No 1042
By V.J.
FOR SECRETARY OF STATE USE ONLY