

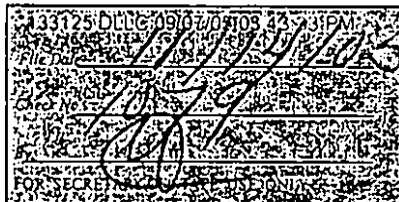
Martha J. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

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

FORM MUST BE TYPED OR PRINTED IN BLACK

1. ID No. 133125		2. Exact name of the limited liability company BONIN PROPERTIES, 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 REAL ESTATE	
5. Principal office address 182 SAUNDERS BROOK ROAD		City GLOCESTER	State RI
			Zip 02814-
6. ANY CHANGE OF ADDRESS OF PRINCIPAL OFFICE OF COMPANY AND ANY OTHER CHANGES OF CONTACT PERSON			
Contact Name STEPHEN J DIGIANFILIPPO		Contact Title	
Street Address 50 PARK ROW WEST, SUITE 111		City PROVIDENCE	State RI
			Zip 02903-
7. IF ANY CHANGE OF ADDRESS OF PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY OR CONTACT PERSON, PLEASE FURNISH A STATE OF R.I. RESIDENCE OF THE COMPANY FOR ATTACHMENT TO THE STATE OF R.I. CERTIFICATE OF REGISTRATION. NO MAYA APPS. REQUIRES FILING OF AMENDMENT. R.I. REG. 16-2 (3/2/27/85)			
Manager Name Michael F. Bonin		Manager Name Christine E. Bonin	
Street Address 182 Saunders Brook Road		Street Address 182 Saunders Brook Road	
City Glocester	State RI	City Glocester	State RI
Zip 02814		Zip 02814	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. PRESIDENT OF THE LIMITED LIABILITY COMPANY AFTER PERMIT TO BE FORMED UNDER R.I. REG. 16-2 (3/2/27/85)			
Agent Name STEPHEN J. DIGIANFILIPPO, ESQ.		Address 50 PARK ROW WEST, SUITE 111	
Address Vleira & DiGianfilippo Ltd.		City PROVIDENCE	Zip 02903-

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

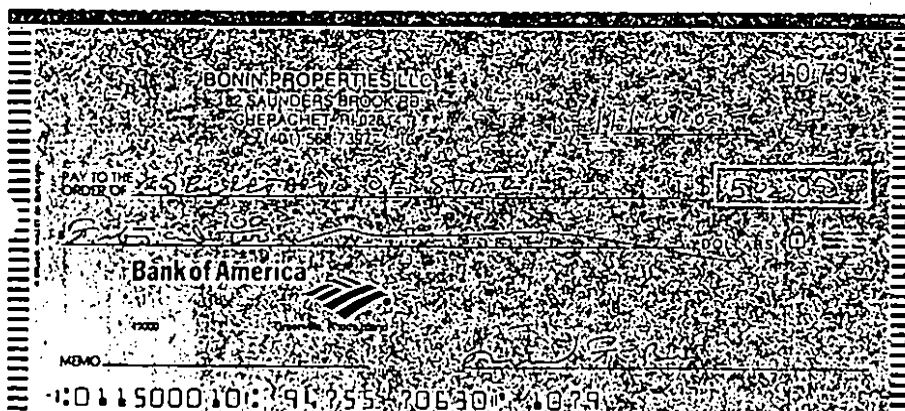


Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person 11/10/05 Date

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

Form 632 Rev. 6/02





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

Matthew A. Brown, Secretary of State
Corporations Division
190 North Main Street, Providence, RI 02903-1335
401 222 3049

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 133125		2. Exact name of the limited liability company BONIN PROPERTIES, 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 Real Estate	
5. Principal office address 182 SAUNDERS BROOK ROAD		City GLOCESTER	State RI
		Zip 02814-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Stephen J. DiGianfilippo, Esq.		Contact Title Attorney	
Street Address 50 Park Row West, Suite 111		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) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Michael F. Bonin		Manager Name Christine E. Bonin	
Street Address 182 Saunders Brook Road		Street Address 182 Saunders Brook Road	
City Glocester	State RI	City Glocester	State RI
Zip 02814		Zip 02814	
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 STEPHEN J. DIGIANFILIPPO, ESQ.		Address 50 PARK ROW WEST, SUITE 111	
Address		City PROVIDENCE	Zip 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 09/16/04 04:09:08 PM

File Date 10/25/04

Check No 1042

By VJ.

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 Michael F. Bonin Date 10/25/04

Michael F. Bonin, Manager

Print or Type Name of Authorized Person