



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. 117027		2. Exact name of the limited liability company WARRINGTON, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE AND SALE OF REAL PROPERTY			
5. Principal office address 40 WESTMINSTER STREET, SUITE 305/MILLER & CAINE		City PROVIDENCE	State RI	Zip 02903-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ALFREDO GONCALVES			Contact Title MANAGER		
Street Address 40 WESTMINSTER STREET		City PROVIDENCE	State RI	Zip 02903-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE 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) / 7-18-52					
Manager Name ALFREDO GONCALVES		*Manager Name			
Street Address 72 MILLER AVENUE		*Street Address			
City PROVIDENCE	State RI	Zip 02907	*City	*State	*Zip
*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 JOSEPH R. MILLER, ESQ.			Address 40 WESTMINSTER STREET, SUITE 305		
Address MILLER & CAINE, LLP			City PROVIDENCE	Zip 02903-	

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



1 1 7 0 2 7

117027 DLLC 10/25/05 12:58:43 PM

File Date 11/18/05

Check No. 2704

By: Km

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.

Alfredo Goncalves
Signature of Authorized Person Date

ALFREDO GONCALVES, MANAGER
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
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE AND SALE OF REAL PROPERTY	
5. Principal office address 40 Westminster Street, Suite 305		City Providence	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Alfredo Goncalves		Contact Title Manager	
Street Address 40 Westminster Street, Suite 305		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) <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 Alfredo Goncalves		Manager Name	
Street Address 72 Miller Avenue		Street Address	
City Providence	State RI	City	State
	Zip 02907		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 JOSEPH R. MILLER, ESQ.		Address MILLER & CAINE, LLP	
Address 40 WESTMINSTER STREET, SUITE 305		City PROVIDENCE	Zip 02903-

FILED

OCT 29 2004

By Kmc

CW8711

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



* 1 1 7 0 2 7 *

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.

Alfredo Goncalves
 Signature of Authorized Person Date

Alfredo Goncalves, Manager

Print or Type Name of Authorized Person

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



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. 117027		2. Exact name of the limited liability company WARRINGTON, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Purchase and sale of real property			
5. Principal office address 40 Westminster Street, Suite 305			City Providence	State RI	Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Alfredo Goncalves			Contact Title Manager		
Street Address 40 Westminster Street, Suite			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) <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 Alfredo Goncalves			Manager Name		
Street Address 72 Miller Avenue			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
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 JOSEPH R. MILLER, ESQ.			Address MILLER & CAINE, LLP		
Address 40 WESTMINSTER STREET, SUITE 305			City PROVIDENCE	Zip 02903-	

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

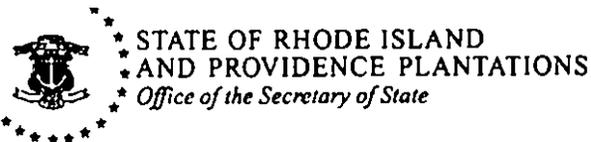


* 1 1 7 0 2 7 *

File Date 12-11-03
Check No. 4166
By: [Signature]
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.

Alfredo Goncalves 12/18/03
Signature of Authorized Person Date
Alfredo Goncalves
Manager
Print or Type Name of Authorized Person



Edward S. Inman, III, 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. 117027		2. Exact name of the limited liability company WARRINGTON, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island <i>Purchase & Sale of real property</i>			
5. Principal office address 40 Westminster Street, Suite 305			City Providence	State RI	Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Alfredo Goncalves			Contact Title Manager		
Street Address 40 Westminster Street, Suite 305			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) <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 Alfredo Goncalves			• Manager Name		
Street Address 72 Miller Avenue			• Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
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 JOSEPH R. MILLER, ESQ.			Address MILLER & CAINE, LLP		
Address 40 WESTMINSTER STREET, SUITE 305			City PROVIDENCE	Zip 02903-	

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



* 1 1 7 0 2 7 *

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.

FILED	
File Date	NOV 08 2002
Check No.	By <i>Alfredo</i>
By:	<i>Alfredo</i>
FOR SECRETARY OF STATE USE ONLY	

Alfredo Goncalves
Signature of Authorized Person Date
Alfredo Goncalves, Manager 11/6/02
Print or Type Name of Authorized Person