

## 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

2005

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liability company Suburban Ventures, LLC 1 II) No. 128128 4. Brief description of the character of the hustness which is actually conducted in Rhode Island REAL ESTATE 3 State of Formation **RHODE ISLAND** 5. Principal office address Kingstown RI 165 Frenchtown Road 02852 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Anthony J. Victoria Street Address City State 02852 N. Kingstown RI 165 Frenchtown Road 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 Manager Name Street Address Street Address State 7.ф Manager Name Manager Name Street Address Street Address Zip City State ZIp State 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 ANTHONY J. VICTORIA Address ZID **165 FRENCHTOWN ROAD** NORTH KINGSTOWN 02852-

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

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Ву:	DA	
	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.

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Anthony Victoria
Print or Type Name of Authorized Person



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

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[4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation RHODE ISLAND REAL ESTATE 5. Principal office address City Ζip 165 FRENCHTOWN ROAD NORTH\_KINGSTOWN 02852 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name Anthony J. Victoria Street Address City State Zip 165 Frenchtown Road KINGSTOWN 02852 RI 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 ·Manager Name Sireei Address Street Address City State Zip State City Zip Manager Name Manager Name Street Address ·Street Address City State Zip State 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 ANTHONY J. VICTORIA Address Zο 165 FRENCHTOWN ROAD NORTH KINGSTOWN 02852 This report must be signed in ink by an authorized person pursuant to 7-16-66.

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By:

FOR SECRETARY OF STATE USE ONLY

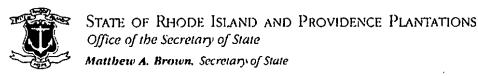
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Manual Manuel of Authorized Redon

Date

Date

Form 632 Rev. 6/02



Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

2003

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_

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**NORTH KINGSTOWN** 

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Ву:	<u>a</u>
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Address

**165 FRENCHTOWN ROAD** 

Under penalty of perjury, I declare and af	firm that I have examined this report
ncluding any accompanying schedules ar	nd statements, and that all statements
contained herein are true and correct.	1

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02852-

11.

Signature of Authorifed Fersion Date

Anthony Victoria
Print or Type Name of Authorized Person