



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)

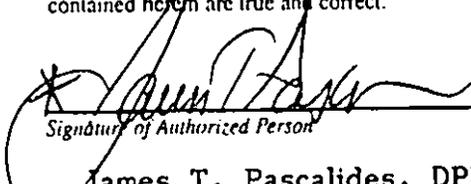
1. ID No. 95431		2. Exact name of the limited liability company U.F.C., LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE RENTAL	
5. Principal office address 235 Plain Street, Suite 201		City Providence	State RI
			Zip 02905
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name James T. Pascalides, DPM		Contact Title Manager	
Street Address 235 Plain Street		City Providence	State RI
			Zip 02905
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 James T. Pascalides, DPM		Manager Name Peter Sardella, DPM	
Street Address 60 Hamilton Street		Street Address 55 Meshanticut Valley Parkway	
City East Greenwich	State RI	City Cranston	State RI
Zip 02818		Zip 02920	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name DR. JAMES T. PASCALIDES		Address	
Address 235 PLAIN STREET, SUITE 201		City PROVIDENCE	Zip 02905

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



File Date	10-05-05 95431*
Check No.	10077
By:	TP
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
Date 9/8/05
James T. Pascalides, DPM
Print or Type Name of Authorized Person



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 95431		2. Exact name of the limited liability company U.F.C., LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE RENTAL	
5. Principal office address 235 Plain Street, Suite 201		City Providence	State RI
			Zip 02905
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name James T. Pascalides, DPM		Contact Title Manager	
Street Address 235 Plain Street		City Providence	State RI
			Zip 02905
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 James T. Pascalides, DPM		Manager Name Peter Sardella, DPM	
Street Address 60 Hamilton Drive		Street Address 55 Meshanticut Valley Parkway	
City East Greenwich	State RI	City Cranston	State RI
Zip 02818		Zip 02920	
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 DR. JAMES T. PASCALIDES		Address	
Address 235 PLAIN STREET, SUITE 201		City PROVIDENCE	Zip 02905

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



* 9 5 4 3 1 *

File Date 9/17/04
Check No. 14123
By: 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.

Signature of Authorized Person 9/13/04
Date
James T. Pascalides, DPM
Print or Type Name of Authorized Person



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. 95431		2. Exact name of the limited liability company U.F.C., LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE RENTAL			
5. Principal office address 235 Plain Street, Suite 201			City Providence	State RI	Zip 02905
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name James T. Pascalides, DPM			Contact Title Manager		
Street Address 235 Plain Street, Suite 201			City Providence	State RI	Zip 02905
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 James T. Pascalides, CPM			Manager Name Peter Sardella, DPM		
Street Address 60 Hamilton Dive			Street Address 55 Meshanticut Valley Parkway		
City East Greenwich	State RI	Zip 02818	City Cranston	State RI	Zip 02920
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 DR. JAMES T. PASCALIDES			Address		
Address 235 PLAIN STREET, SUITE 201			City PROVIDENCE	Zip 02905	

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



* 9 5 4 3 1 *

File Date 9/29/03
Check No. 2137
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.

* [Signature] 9/19/03
Signature of Authorized Person Date
James T. Pascalides, DPM **Manager**
Print or Type Name of Authorized Person



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

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. *95431*		2. Exact name of the limited liability company U.F.C., LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE RENTAL			
5. Principal office address 235 PLAIN STREET, SUITE 201		City PROVIDENCE	State RI	Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JAMES PASCALIDES			Contact Title DPM.		
Street Address 235 PLAIN STREET, SUITE 201		City PROVIDENCE	State RI	Zip 02905	
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 James Pascalides, DPM		Manager Name Peter Sardella, DPM			
Street Address 60 Hamilton Drive		Street Address 55 Meshanticut Valley Pkwy			
City East Greenwich	State RI	Zip 02818	City Cranston	State RI	Zip 02920
Manager Name None		Manager Name None			
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 DR. JAMES T. PASCALIDES			Address 235 PLAIN STREET, SUITE 201		
Address			City PROVIDENCE	Zip 02905	

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



* 9 5 4 3 1 *

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.

95431 DLLC9/23/02 3:25 PM

File Date SEP 23 2002 10:48

Check No. 11443

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature] 9/23/02
Signature of Authorized Person Date

JOSEPH M. HALL
Print or Type Name of Authorized Person



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

Edward S. Innian, 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 2001

Filing Period: September 1 - November 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *95431*		2. Exact name of the limited liability company U.F.C., LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE RENTAL			
5. Principal office address 235 PLAIN STREET, SUITE 201			City PROVIDENCE	State RI	Zip 02905
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JAMES PASCALIDES			Contact Title DPM.		
Street Address 235 PLAIN STREET, SUITE 201			City PROVIDENCE	State RI	Zip 02905
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 James Pascalides, DPM		• Manager Name Peter Sardella, DPM			
Street Address 60 Hamilton Drive		• Street Address 55 Meshanticut Valley Pkwy			
City East Greenwich	State RI	Zip 02818	City Cranston	State RI	Zip 02920
Manager Name None		• Manager Name None			
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 DR. JAMES T. PASCALIDES			Address 235 PLAIN STREET, SUITE 201		
Address			City PROVIDENCE	Zip 02905	

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



95431 DLL 09/23/02 07:06 PM

FILED

File Date SEP 23 2002

Check No. By 11445

By

FOR SECRETARY OF STATE USE ONLY

RECEIVED
STATE

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: [Signature] Date: 9/23/02

Print or Type Name of Authorized Person: JOSEPH M. HALL

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 95431

Annual Report for the year 2000

1. The name of the limited liability company is:

U.F.C., LLC

2. The address of the principal office of the limited liability company is:

235 Plain Street, Providence, RI 02905

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: JAMES T. PASCALIDES

235 PLAIN STREET PROVIDENCE RI 02905

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: James Pascalides, D.P.M.

235 Plain Street, Providence, RI 02905

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate Rental

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

James Pascalides, DPM

60 Hamilton Drive, East Greenwich, RI 02818

Peter Sardella, DPM

55 Meshanticut Valley Pkwy, Cranston, RI 02920

Dated 9/13/00

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.



U.F.C., LLC

Exact Name of Limited Liability Company

By [Signature]

James T. Pascalides, DPM

Partner

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9/20</u>
Check No.:	<u>2025</u>
By:	<u>[Signature]</u>

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 95431

Annual Report for the year 1999

1. The name of the limited liability company is:

U.F.C., LLC

2. The address of the principal office of the limited liability company is:

235 Plain Street, Providence, RI 02905

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: JAMES T. PASCALIDES

235 PLAIN STREET PROVIDENCE, RI 02905

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: James Pascalides, D.P.M.

235 Plain Street, Providence, RI 02905

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate Rental

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

James Pascalides, DPM

60 Hamilton Drive, East Greenwich, RI 02818

Peter Sardella, DPM

55 Meshanticut Valley Pkwy, Cranston, RI 02920

Dated 9/13/99

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.



U.F.C., LLC

Exact Name of Limited Liability Company

By: *James T. Pascalides*

James T. Pascalides, DPM

Partner

Title

Form No. 632
Revised 01/93

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-17-99</u>
Check No.:	<u>1562</u>
By:	<u>AMF</u>

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number LL 95431

Annual Report for the year 1998

1. The name of the limited liability company is:

U.F.C., LLC

2. The address of the principal office of the limited liability company is:

235 Plain Street, Providence, RI 02905

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: JAMES T. PASCALIDES

235 PLAIN STREET PROVIDENCE, RI 02905

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: James T. Pascalides, D.P.M.

235 Plain Street, Providence, RI 02905

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: R/E Rental

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

James Pascalides, DPM

60 Hamilton Drive, East Greenwich, RI 02818

Peter Sardella, DPM

55 Meshanticut Valley Pkwy., Cranston, RI 02920

Dated 9/10/98, 1998

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.



* 9 5 4 3 1 *

U.F.C., LLC

Exact Name of Limited Liability Company

By *[Signature]*

James T. Pascalides

Partner

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9.29.98

Check No.: 1519

By: HP