

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

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

Matthew A. Brown, Secretary of State

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LIMITED LI	ABIL	ITY CON	MPANY ANNU	UAL REPORT FOR T	THE YEAR	2005		
filing Period: Septen			• Filing Fee: \$50					
FORM MUST BE TYPED								
I. ID No.	ľ	-	d liability company					
112332	1	Zulu, LLC						
3. State of Formation		•		siness which is actually conducted in Rhod	le Island	!		
RHODE ISLAND		TO OWN, M	ANAGE, DEVELOPE, L	EASE AND SELL REAL ESTATE				
5. Principal office address				City	State	Zip		
185 Swan Str	reet			Providence	RI	02903		
6. MAILING ADDRE	SS OF LI	MITED LIABI	LITY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	,		
Contact Name				Contact Title				
Mark J. Zarl	lenga			Resident Agent				
Street Address	cengu			City	State	Zip		
425 Richmond	1 Stree	p†		Providence	RI	02903		
. — -			CER OF THE LIMITE	D LIABILITY COMPANY, IF APP	LICABLE	· · · · · · · · · · · · · · · · · · ·		
7. NAME AND ADD	KL33 OI		ACES BEFORE USING		OR ATTACHMENT)			
AN	Y MODIE	FICATIONS T	MANAGERS REQUI	RES FILING OF AMENDMENT, R	.I.G.L. 7-16-12 (a) (2) / 7-16-52		
Manager Name				Manager Name				
None				, , , , , , , , , , , , , , , , , , ,				
Street Address	_			Street Address	Street Address			
City		State	Zip	City	State	7.4р		
		 						
Manager Name				Manager Name				
				Stannet Address C	Street Address			
Street Address			Siret Autores	SITE MARCO				
City		State	Zip	City	State	Zip		
City		Sinc	···•					
8. RESIDENT AGEN	T IN RH	ODE ISLAND	- DO NOT ALTER - C	hanges require filing of Form	642 - R.I.G.L. 7-1	6-11		
Agent Name				Address	Address			
MARK L. ZARLENGA								
Address				City				
425 RICHMOND STREET			PROVIDENCE	PROVIDENCE 02903. O COMMON COM				
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						02903. 0.7 14 MH 10: 56		
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

File Date	10/14/05-112332-	_
Check No		_
Ву:	Jm D	_
(F9	R 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

Anthony M. Coletta 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 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2004

Filing Period: Septen	nber I -	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							
112332		Iulu, LLC					
3. State of Formation					nd		
RHODE ISLAND TO OWN, MANAGE, DEVELOPE, LEASE AN				ND SELL REAL ESTATE			
5. Principal office address				City	State		Zip
185 Swan Str	eet			Providence	RI		02903
6. MAILING ADDRE	SS OF L	IMITED LIABILITY (COMPANY AND NAME	OR TITLE OF CONTACT PER	SON:		
Contact Name				Contact Title			
Mark L. Zarl	enga			Resident Agent			
Street Address				City	State		Zip
425 Richmond	Stre	et		Providence	RI		02903
7. NAME AND ADD	RESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPLICA	BLE		
				HMENTS ("X" BOX FOR A			
AN	Y MODI	FICATIONS TO MAN	AGERS REQUIRES FIL	ING OF AMENDMENT, R.I.G.	L. 7-16-12 (a	ı) (2) / 7·16	o- 5 2
Manager Name				Manager Name			
None	None						
Street Address			Street Address				
				•			
City		State	Zip	City	State		Zip
Manager Name				L J J Alanager Name			
.,		•		•			
Street Address				Street Address			
		Ι	I	<u> </u>	1		1
City		State	7.4p	City	State		Zip
8. RESIDENT AGEN	T IN RH	I ODE ISLAND - DO N	OT ALTER - Changes	: require filing of Form 642	·	6-11	·
Agent Name			Address				
MARK L. ZARLENGA							
Address				City	Zip		
425 RICHMOND STREET				PROVIDENCE	02903-		

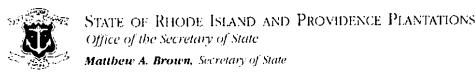
This report must be signed in ink by an authorized person pursuant to R.J.G.L. 7-16-66.



File Date 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.

Mignature of Authorized Person

Anthony M. Coletta Print or Type Name of Authorized Person



Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3046

2003

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 L ID No Apple Zulu, LLC 112332 4. Boof description of the character of the business which is actually conducted in Rhode Island 3 State of Formation TO OWN, MANAGE, DEVELOPE, LEASE AND SELL REAL ESTATE **RHODE ISLAND** 5. Principal office address. 02903 Providence RI 185 Swan Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Resident Agent Mark L. Zarlenga State City Sircet Address 02903 RIProvidence 425 Richmond Street 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 Managa Name Manager Name None Street Address Street Address -----State ZipCity City State ZipManager Name Manager Name Street Address Street Address State City Ċή 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address Agent Name MARK L. ZARLENGA

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

PROVIDENCE

* 1 1 2 3 3 FILED	2 *
File Date	
Check No	
FOR SECRETARY OF STATE USE ONLY	

Address

425 RICHMOND STREET

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.

Zφ 02903•

ANThony M. Coletta

· Type Name of Juthorized Person



Apple Zulu, LLC

2. Exact name of the limited liabilty company

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 112332 Edward S. Inman, 111, 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

RHODE ISLAND	l <u>-</u>	_			
	To own,manage,develope,lease and sell real estate				
Principal office address	<u> </u>		City	State	Zip
185 Swan Street			Provid <u>ence</u>	RI	02903
MAILING ADDRESS	OF LIMITED L	JABILITY COMPA	ANY AND NAME OR TITLE OF		
ontact Name			Contact Title		
Mark L. Zarlenga			• Resident Agent	<u>t </u>	
reet Address		<u> </u>	City	State	Zip
425 Richmond Str			 Providence 	RI	02903
	FILL IN SPA	CES BEFORE USING	MITED LIABILITY COMPANY G ATTACHMENTS ("X" BOX FOI JIRES FILING OF AMENDMENT. R.I.G	R ATTACHMENT	11
anager Name			· Manager Name		
None			•		
treet Address			* Street Address		
 		1	•	16.5	12:
itiv	State	Zip	City	State	Zip
lanager Name	J	. J	*Manager Name	.]	
ireet Address			·Street Address		
	115		· · · · · · · · · · · · · · · · · · ·	ICusta	Zip
lity	State	Zip	.City	State	24
		00 407 44 750 6	The second secon	- 642 PICI	
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•			Adaress		
MARK L. ZARLENGA					Zio
MARK L. ZARLENGA ddress	 .		City	·	Zip 02903-
•					72ip 02903-
MARK L. ZARLENGA ddress	ed in ink by an	authorized person	PROVIDENCE a pursuant to 7-16-66.		02903-
MARK L. ZARLENGA ddress 425 RICHMOND STREET	0 (0) 20	authorized person	PROVIDENCE a pursuant to 7-16-66. Under penalty of perjuin	ny accompanying contained hereing the property of the property	affirm that I have examined g schedules and statements.

Filing Fee: \$50.00



Revised 01/99

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 DLLC 112332	Annual Report for the year 2001
1.	The name of the limited liability company i	s:
	Apple Zulu, LLC	
2.	The address of the principal office of the li	mited liability company is:
	185 Swan Street, Providen	ce, RI
3.	The state or other jurisdiction under the law	ws of which it is formed is: Rhode Island
4. The name and address of its resident agent is: <u>Mark 1. Zarlenga</u>		
	425 Richmond Street, Prov	idence, RI 02903
5.	The current mailing address of the lin	nited liability company and the name or title of a person to whom
	communications may be directed are:	Mark L. Zarlenga
	425 Richmond Street, Prov	idence, RI 02903
6.		business in which the limited liability company is actually engaged in this
	state: To own, manage, develope,	lease and sell real estate
7.	If the limited liability company has manage	ers, list the name and address of each manager:
	Name	Address
	None	
		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.
Da	ate: 10/5/2001	Apple Zulu, LLC
	FILED	Exact Name of Limited Liability Company
	OCT 1 1 2001	By L. M. Welitta
	By AME	Anthony M. Coletta, Member
	m No. 632 (K# 10 7	Title