



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)

1. ID No. 125832		2. Exact name of the limited liability company Casa Pazza Real Estate, 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 INVESTMENTS	
5. Principal office address 1862 Smith Street		City N. Providence	State RI
			Zip 02911
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Steve Conti		Contact Title Manager	
Street Address 1862 Smith Street		City N. Prov.	State RI
			Zip 02911
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 Steve Conti		Manager Name Paul Gionfriddo	
Street Address 1862 Smith Street		Street Address 1862 Smith Street	
City N. Prov.	State RI	Zip 02911	City N. Prov.
			State RI
			Zip 02911
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 STEVE CONTI, ESQ.		Address	
Address 1862 SMITH STREET		City NORTH PROVIDENCE	Zip 02911-

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



File Date	9/20/05	*125832*
Check No.	182	
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.

Signature of Authorized Person Date
 Steve Conti 9-19-05
 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. 125832		2. Exact name of the limited liability company Casa Pazza Real Estate, 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 Investments			
5. Principal office address 1862 Smith Street		City N. Providence	State RI	Zip 02911	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Steve Conti			Contact Title Manager		
Street Address 1862 Smith Street		City N. Providence	State RI	Zip 02911	
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 Steve Conti			Manager Name Paul Gionfriddo		
Street Address 1862 Smith Street			Street Address 1862 Smith Street		
City N. Providence	State RI	Zip 02911	City N. Providence	State RI	Zip 02911
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 STEVE CONTI, ESQ			Address		
Address 1862 SMITH STREET			City NORTH PROVIDENCE	Zip 02911-	

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



* 1 2 5 8 3 2 *

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.

Steve Conti
Signature of Authorized Person Date **10-10-04**

STEVE CONTI
Print or Type Name of Authorized Person

File Date 10/4/04
Check No. 149
By: DA

FOR SECRETARY OF STATE USE ONLY



Office of the Secretary of State
 Matthew A. Brown, Secretary of State

100 North Main Street
 Providence, RI 02903 1335
 401.222.3090

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)

1. ID No. 125832		2. Exact name of the limited liability company Casa Pazza Real Estate, 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 Investment Buying & Selling	
5. Principal office address 80 Carpenter Street		City Providence	State R.I.
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Steve Conti		Contact Title Manager	
Street Address 80 Carpenter Street		City Providence	State R.I.
		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 Steve Conti		Manager Name Paul Gionfriddo	
Street Address 80 Carpenter St.		Street Address 462 Broadway	
City Providence	State R.I.	Zip 02903	City Providence
			State R.I.
			Zip 02909
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 STEVE CONTI, ESQ.		Address 80 Carpenter St.	
Address 80 CARPENTER STREET		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 2 5 8 3 2 *

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.

File Date 9-14-03
 Check No 115
 By [Signature]
 FOR SECRETARY OF STATE USE ONLY

[Signature] Date 9-15-03
 Signature of Authorized Person
Steve Conti
 Print or Type Name of Authorized Person