

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

TED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

1. ID No. 139132		t name of the limited liabilty company Olillo Family, 1-ILLC					
3. State of Formation	Tivianis	4. Brief description of the character of the business which is actually conducted in Rhode Island					
Rhode Island Own and manage real estate				in knobe islana			
5. Principal office address 1130 Ten Rod Road, E207				City North Kingstown	State n RI	<i>Zip</i> 02852	
6. MAILING ADD Contact Name Lynn F. Moran		FLIMITED	LIABILITY COMPAN	Contact Title	OF CONTACT	PERSON:	
Street Address				City	State	Zip	
				North Kingstown		02852	
Manager Name	ANY MC		ACES BEFORE USING TO MANAGERS REQUIR	RES FILING OF AMENDMENT. R	OR ATTACHMEN I.I.G.L 7-16-12 (a)	7) (2) / 7-16-52	
Lynn F. Moran				• Manager Name			
Street Address				• Street Address			
1130 Ten Rod	Road,	E207		• •			
<i>City</i> North Kingsto		State RI	Zip	*City	State	2ip	
Manager Name Paula M. Schi		******	02852	Manager Name	!		
Street Address 262 Beacon Dr	ive			*Street Address			
City		State	Zip	City	State	Zip	
North Kingstw		RI	02852	•			
8. RESIDENT AGEN	YT IN RH	ODE ISLANI) -DO NOT ALTER- Cha	nges require filing of Fo	orm 642 - R.I.G	J., 7-16-11	
gent Name				Address			
Thomas V. Moses, Esq.				Moses Afonso Jackvony, Ltd.			
lddress				City	City Zip		
70 Westminster Street, Suite 201				Providence		02903	
		-					

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



File Date Check No. 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.

Lynn F. Moran, Manager Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Mathew 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) 2. Exact name of the limited liabilty company I. ID No. Mansolillo Family, Inc. 139132 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation Own and manage real estate Rhode Island State City 02852 5. Principal office address RI North Kingstown 1130 Ten Rod Road, E207 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON. Contact Name Lynn F. Moran Zip State City 02852 Street Address RI .North Kingstown 1130 Ten Rod Road, E207 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 Lynn F. Moran Street Address Street Address E207 Zip 1130 Ten Rod Road, State City Zip State City 02852 RI North Kingstown Manager Name Manager Name Paula M. Schick ·Street Address Street Address 262 Beacon Drive Zip State Ciry Zip State City 02852 RI 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 Moses Afonso Jackvony, Ltd. Thomas V. Moses, Esq. Zıp City Address 02903 providence 170 Westminster Street, Suite 201

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



File Date	10/13/05
Check No.	193
By:	CXC
	RY 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.

Lynn F. Moran, Manager Print or Type Name of Authorized Person