

## 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

iling Period: Septe			• Filing Fee: \$50	UAL REPORT FOR				
FORM MUST BE TYPE!			9					
1. ID No.	2. Exact s	name of the limite	d liability company			<u></u>		
109435	CNJ RE	EALTY LLĊ						
3. State of Formation		4. Brief descriptio	n of the character of the bi	istness which is actually conducted in Rh	hich is actually conducted in Rhode Island			
RHODE ISLAND		PURCHASE,	SALE, LEASE & MAN	AGE REAL ESTATE				
Principal office address				City	State	Zip		
			Johnston	RI	02919			
MAILING ADDR	2/M1 ESS OF LI	II Stree	C LITY COMPANY ANI	NAME OR TITLE OF CONTAC	T PERSON:	'		
Contact Name				Contact Title				
	Mario	Cimarel	l i	Member				
itreet Address	<u> </u>	<u> </u>	<del></del>	City	State	Zψ		
	27 Mi	ll Stree	t	Johnston	RI	02919		
NAME AND ADD	27 Mill Street							
	ADECC VE	PACH MANA	CED OF THE LIMITS	D LIABILITY COMPANY IF AD	DIICARIF			
	RESS OF			D LIABILITY COMPANY, IF AP				
		FILL IN SP	ACES BEFORE USING	G ATTACHMENTS ("X" BOX I	FOR ATTACHMENT)	/ 7-16-52		
Al		FILL IN SP	ACES BEFORE USING	G ATTACHMENTS ("X" BOX I RES FILING OF AMENDMENT,	FOR ATTACHMENT)	/ 7-16-52		
Al	NY MODIE	FILL IN SP	ACES BEFORE USING	G ATTACHMENTS ("X" BOX I	FOR ATTACHMENT)	/ 7-16-52 		
Al Manager Name		FILL IN SP	ACES BEFORE USING	G ATTACHMENTS ("X" BOX I RES FILING OF AMENDMENT, Manager Name	FOR ATTACHMENT)	/ 7-16-52		
Al Ianager Name	NY MODIE	FILL IN SP	ACES BEFORE USING	G ATTACHMENTS ("X" BOX I RES FILING OF AMENDMENT,	FOR ATTACHMENT)	/ 7-16-52		
Al danager Name irvet Address	NY MODIE	FILL IN SP.	ACES BEFORE USING MANAGERS REQUI	G ATTACHMENTS ("X" BOX I RES FILING OF AMENDMENT, Manager Name Street Address	FOR ATTACHMENT) R.I.G.L. 7-16-12 (a) (2)			
Al danager Name irvet Address	NY MODIE	FILL IN SP	ACES BEFORE USING	G ATTACHMENTS ("X" BOX I RES FILING OF AMENDMENT, Manager Name	FOR ATTACHMENT)	/ 7-16-52		
Al danager Name invet Address	NY MODIE	FILL IN SP.	ACES BEFORE USING MANAGERS REQUI	G ATTACHMENTS ("X" BOX I RES FILING OF AMENDMENT,  Manager Name  Street Address  City	FOR ATTACHMENT) R.I.G.L. 7-16-12 (a) (2)			
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

	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.		
Check No	Signature of Authorized Prison Date  Mario Cimarelli, Member		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person Form 632 Rev. 7/03		



# 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: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. II) No 2. Exact name of the limited hability company 109435 **CNJ REALTY LLC** 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **PURCHASE, SALE, LEASE & MANAGE REAL ESTATE RHODE ISLAND** 5. Principal office address ZФ 27 Mill Street Johnston And Name of Title of Contact person RI 02919 Contact Title Mario Cimarelli <u>Member</u> Zip Street Address State Johnston lri 02919 27 Mill Street 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES REFORE 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 N/.AStreet Address Street Address City State ΖĮρ City State Ζφ Manager Name Manager Name Sirvet Address Street Address State Zip Cuy Zip City 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 **FUTURE CASE CORP.** Mill St., Johnston Address City Z.Ip JOHNSTON **27 MILL STREET** 02919-This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66. Under penalty of perjury, I declare and affirm that I have examined this report. including any accompanying scheduley and spacineris. Ind that all statements. contained herein are true and correct 9-24-04 Check No. Signature of Authorized Person <u>Mario Cimarelli</u> Member FOR SECRETARY OF STATE USE ONLY 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

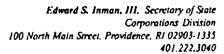
# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_

2003

1. ID No.	2. Exact name of the limite	name of the limited Hability company			
109435		CNJ REALTY LLC			
3. State of Formation	1 4. Brief description	on of the character of the hi	isiness which is actually conducted in Rho	de Island	
RHODE ISLAND	PURCHASE,	SALE, LEASE & MANA	AGE REAL ESTATE	·	
5. Principal office address			City	State	Zip
6. MAILING AD	Mils of thated Liab	LITY COMPANY ANI	Johnston D NAME OR TITLE OF CONTACT	ri rperson:	02919
Contact Name			Contact Title		
Mario	Cimarelli		<u>Member</u>	<u> </u>	<del></del>
Street Address			City	State	Zip
27 Mi	ll Street		Johnston	RI	02919
Manager Name		O MANAGERS REQU	IRES FILING OF AMENDMENT, I	R.1.G.L. 7-16-12 (a) (2	) / 7·16- <b>3</b> 2
Manager Name	ANY MODIFICATIONS T	O MANAGERS REQU	<u>:</u>	R.I.G.L. 7-16-12 (a) (2	) / 7·10 <del>·3</del> 2
	N/A	O MANAGERS REQU	<u>:</u>	R.I.G.L. 7-10-12 (a) (2	
		O MANAGERS REQU	Manager Name	R.I.G.L. 7-10-12 (a) (2	
Sirvet Address		Ztp	Manager Name	State	Zip
Sirvet Address	N/A		Munager Name Street Address		
Manager Name  Street Address  City  Manager Name  Street Address	N/A		Manager Name Street Address  City		
Siveet Address Cuy Manager Name	N/A		Munager Name  Street Address  City  Manager Name		
Street Address  City  Manager Name  Street Address  City	N/A  State	Zip Zip	Manager Name  Street Address  City  Manager Name  Street Address	State	Zip
Sirvet Address  Cuy  Manager Name  Sirvet Address  Cuy  8. RESIDENT: A	State State GENT IN RHODE ISLAND	Zip Zip	Street Address  City  Manager Name  Street Address  City  City	State  State  642 - R.I.G.L. 7-16-1	Zip

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

* 1 0 9 4 3 5 *	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements
154.0m. 10 172105	contained herein are true and correct.
Check No.  By:  FOR SECRETARY OF STATE USE ONLY	Mario Cimarelli, Member  Print or Type Name of Authorized Person





2. Exact name of the limited liability company

(FORM MUST BE TYPED OR PRINTED IN BLACK)

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

<b>±109435★ CN.</b> 3. State of Formation	I Realty I.I.  4. Brief description of t	C the character of the bust	ness which is actually conducted to	n Rhode Island	<del></del>
hode Island	, , ,	·	e & manage real		i
Principal office address	<u> </u>	<u> </u>	City	State	Zip
27 Mill Street			Johnston	RI	02919
. MAILING ADDRESS (	OF LIMITED LIAB	ILITY COMPANY	AND NAME OR TITLE C	OF CONTACT PERS	
Mario Ci	marelli		Member		
reet Address			City	State	Zip
	OF EACH MANA FILL IN SPACES	BEFORE USING AT	Johnston ITED LIABILITY COMP TACHMENTS ("X" BOX FO S FILING OF AMENDMENT. R.	ANY, IF APPLICADE ATTACHMENT)	i
nager Name			•Manager Name •		
reet Address			• Street Address		
City	State	Zîp	*City	State	Zip
	1		•		]
anager Name	•		Manager Name		
reet Address			Street Address		
ity	State	Zip	City	State	Zip
RESIDENT AGENT IN R	HODE ISLAND -00	NOT ALTER- Chan	ges require filing of Fo	rm 642 - R.I.GL. 7-1	
					<b>6</b> 8 8 8
<u>Future Case C</u>	orp.	<del></del> .	27 Mill Stre	e t. Zi <sub>l</sub>	
			Johnston	•	2919 SHA
					WED AND A
					프 링턴
					102
					2
his report must he signed	in ink by an aut	horized person pur	suant to 7-16-66.		
			Under penalty of per	riury. I declare and affir	m that I have examined
			this report, including	any accompanying sci	hedules and statements,
FIL	EU		and that all statemen	its contained herein are	gue and correct.
File Date OOT 4	e 4003			\///!.	
00 į 1	6 2002		//NCJ	N/	Menson 10-15
Check No.	<b>A</b> _1/1		Signature of Authorize	Person	Date
	0.3.10		Mario Cima	relli, Memb	er
FOR SECRETARY OF STATE 1	<del>14 2 4 0 − 1</del>		Print or Type Name of		<del></del>
FOR SECRETARY OF STATE 1	USE UNLY				Form 632 Rev. 6/02

Filing Fee: \$50.00

By:

To be filed annually between September 1 and November 1

- Dr 5

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 Telephone (401) 222-3040

#### **LIMITED LIABILITY COMPANY**

ID Number DLLC 109435	Annual Report for the year 2001				
The name of the limited liability con	npany is:				
CNJ REALTY LLC					
• •	The address of the principal office of the limited liability company is:  27 Mill Street, Johnston, RI 02919				
	r the laws of which it is formed is RHODE ISLAND				
4. The name and address of its reside	ent agent is: KATHLEEN G. DIMURO, ESQ.				
1340 CRANSTON STREET CRAN	ISTON RI 02920				
_	limited liability company and the name or title of a person to whom communications imarelli at 27 Mill Street, Johnston, RI 02919				
state: The purchase, sale, l	of the business in which the limited liability company is actually engaged in this leasing, and management of real estate and any other lawful managers, the name and address of each manager of the limited liability company Address				
None					
Dated 0/24//4/					
Dated	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.  CNJ REALTY LLC  Exact Name of Limited Liability Company				
FOR SECRETARY OF STATE USE ONLY FILED	By MEMBER				
Check No.: SEP 2 4 2001	Mario_Gimarelliy_Member				
4	Form No. 632				

DETACH POTTOM DEFORE RETURNING



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 109435	Annual Report for the year 2000			
1.	The name of the limited liability compa	any is:			
	CNJ REALTY LLC				
2.	2. The address of the principal office of the limited liability company is:				
	27 Mill Street, Johnston, RI 02919				
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: KATHLEEN G. DIMURO, ESQ.				
	1340 CRANSTON STREET CRANSTON RI 02920				
5.	i. The current mailing address of the limited liability company and the name or title of a person to whom communications				
	may be directed are:Mario_Ci	marelli at 27 Mill Street, Johnston, RI 02919			
6. 7.	state: The purchase, sale, lead business.	f the business in which the limited liability company is actually engaged in this asing, and management of real estate and any other lawful inagers, the name and address of each manager of the limited liability company Address			
	None				
Da	ated 9/1/00 1 0 9 4 3 5	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.  CNJ REALTY LLC  Exact Name of Limited Liability Company			
	POR SECRETARY OF STATE USE ONLY	By Male C' MEMBER			
	OCT 16 2000	Mario Cimarelli, Member			
Ch By	eck No.: By <u>CC1173</u>	<i>Title</i> Form No. 632 Revised 01/99			