



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120537		2. Exact name of the limited liability company AMBIENTALE REALTY, 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			
5. Principal office address 55 INDUSTRIAL CIRCLE			City LINCOLN	State RI	Zip 02865-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name STEVEN A LANCIA			Contact Title Manager		
Street Address 55 INDUSTRIAL CIRCLE			City LINCOLN	State RI	Zip 02865-
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			*Manager Name		
Street Address			*Street Address		
City	State	Zip	City	State	Zip
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 PAUL T. DICRISTOFARO, ESQ.			Address 400 RESERVOIR AVENUE, SUITE 3-I		
Address			City PROVIDENCE	Zip 02907-	

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



1 2 0 5 3 7

120537 DLLC 09/06/05 02:30:20 PM

File Date **FILED**

Check No. **NOV 14 2005**

By: *[Signature]* 82070

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] 10/31/05
Signature of Authorized Person Date

STEVEN A. LANCIA
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: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120537		2. Exact name of the limited liability company AMBIENTALE REALTY, 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	
5. Principal office address 55 INDUSTRIAL CIRCLE		City LINCOLN	State RI
		Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name STEVEN A LANCIA		Contact Title Manager	
Street Address 55 INDUSTRIAL CIRCLE		City LINCOLN	State RI
		Zip 02865	
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		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City
			State
			Zip
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City
			State
			Zip
RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name PAUL T. DICRISTOFARO, ESQ.		Address 400 RESERVOIR AVENUE, SUITE 3-I	
Address		City PROVIDENCE	Zip 02907-

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



1 2 0 5 3 7

120537 DLLC 08/27/04 03:10:22 PM
File Date <u>6/23/05</u>
Check No. <u>29507</u>
By: <u>DA</u>
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

Steven A. Lancia

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. 120537	2. Exact name of the limited liability company AMBIENTALE REALTY, LLC
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3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate
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5. Principal office address 55 Industrial Circle	City Lincoln	State RI	Zip 02865
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name Steven A. Lancia	Contact Title Manager
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Street Address 55 Industrial Circle	City Lincoln	State RI	Zip 02865
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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
Street Address	• Street Address
City	• City
State	• State
Zip	• Zip
Manager Name	• Manager Name
Street Address	• Street Address
City	• City
State	• 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 Paul T. DiCristofaro	Address
Address 400 Reservoir Avenue, Suite 3G	City Providence
	Zip 02907

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



File Date <u>9-25-03</u>
Check No. <u>25635</u>
By: <u>[Signature]</u>
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]

Signature of Authorized Person Date

Steven A. Lancia

Print or Type Name of Authorized Person



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 120537		2. Exact name of the limited liability company AMBIENTALE REALTY, 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	
5. Principal office address 1117 Douglas Avenue		City North Providence	State RI
		Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Steven A. Lancia		Contact Title Member	
Street Address 1117 Douglas Avenue		City North Providence	State RI
		Zip 02904	
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		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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 PAUL T. DICRISTOFARO, ESQ.		Address	
Address 400 RESERVOIR AVENUE, SUITE 3-1		City PROVIDENCE	Zip 02907-

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



* 1 2 0 5 3 7 *

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 12-3-02
Check No. 22735
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person [Signature] Date _____
Printer Type Name of Authorized Person Steven A. Lancia Member