



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. 105840		2. Exact name of the limited liability company SAND TRACE, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island ownership and development of real estate and any other lawful purpose			
5. Principal office address 10B Appian Way		City Smithfield	State RI	Zip 02917-0000	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Frank Simonelli		Contact Title Member			
Street Address 10B Appian Way		City Smithfield	State RI	Zip 02917-0000	
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 Frank Simonelli		*Manager Name			
Street Address 10B Appian Way		*Street Address			
City Smithfield	State RI	Zip 02917	City	State	Zip
*Manager Name		*Street Address			
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 Frank Simonelli		Address 10B Appian Way			
Address		City Smithfield	State RI	Zip 02917	

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

File Date	9/14/05
Check No.	1259
By:	<i>[Signature]</i>
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]* September 6, 2005  
Signature of Authorized Person Date

Frank Simonelli

By: *[Signature]*  
Print or type Name of Authorized Person

Member



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. 105840		2. Exact name of the limited liability company SAND TRACE, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island ownership and development of real estate and any other lawful purpose	
5. Principal office address 10B Appian Way		City Smithfield	State RI
		Zip 02917-0000	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Frank Simonelli		Contact Title Member	
Street Address 10B Appian Way		City Smithfield	State RI
		Zip 02917-0000	
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 Frank Simonelli		Manager Name	
Street Address 10B Appian Way		Street Address	
City Smithfield	State RI	Zip 02917	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Frank Simonelli		Address 10B Appian Way	
Address		City Smithfield	State RI
		Zip 02917	

This report must be signed in ink by an authorized person pursuant to 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.

Frank Simonelli September 7, 2004  
Signature of Authorized Person Date

Frank Simonelli  
Print or Type Name of Authorized Person  
By: Member

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY



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**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>105840</b>		2. Exact name of the limited liability company <b>SAND TRACE, LLC</b>	
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>ownership and development of real estate and any other lawful purpose</b>	
5. Principal office address <b>10B Appian Way</b>		City <b>Smithfield</b>	State <b>RI</b>
		Zip <b>02917-0000</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Frank Simonelli</b>		Contact Title <b>Member</b>	
Street Address <b>10B Appian Way</b>		City <b>Smithfield</b>	State <b>RI</b>
		Zip <b>02917-0000</b>	
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 <b>Frank Simonelli</b>		Manager Name	
Street Address <b>10B Appian Way</b>		Street Address	
City <b>Smithfield</b>	State <b>RI</b>	City	State
	Zip <b>02917</b>		Zip
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 <b>Frank Simonelli</b>		Address <b>10B Appian Way</b>	
Address		City <b>Smithfield</b>	State <b>RI</b>
		Zip <b>02917</b>	

11/13/03  
ch# 1168

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

File Date <u>11/14/03</u>
Check No. <u>1168</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.

Frank Simonelli September 2, 2003  
Signature of Authorized Person Date

**Frank Simonelli**

By or Type Name of Authorized Person

**Member**



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 105840		2. Exact name of the limited liability company SAND TRACE, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island LAND DEVELOPMENT			
5. Principal office address 10 "B" APPIAN WAY		City Smithfield	State RI	Zip 02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name FRANK SIMONELLI			Contact Title MANAGER		
Street Address 10 "B" APPIAN WAY		City Smithfield	State R.I.	Zip 02917	
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 FRANK SIMONELLI			Manager Name ROBERT RONGIONE		
Street Address 10 "B" APPIAN WAY		Street Address 10 "B" APPIAN WAY			
City Smithfield	State R.I.	Zip 02917	City Smithfield	State R.I.	Zip 02917
Manager Name ANTHONY RONGIONE			Manager Name JAMES BACCALA		
Street Address 10 "B" APPIAN WAY		Street Address 10 "B" APPIAN WAY			
City Smithfield	State RI	Zip 02917	City Smithfield	State R.I.	Zip 02917
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name FRANK SIMONELLI			Address		
Address 10B APPIAN WAY		City SMITHFIELD	Zip 02917		

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.

File Date 9-11-03  
Check No 1158  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

Frank Simonelli 9/9/03  
Signature of Authorized Person Date  
FRANK SIMONELLI, MANAGER  
Print or Type Name of Authorized Person



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

Edward S. Inman, III, 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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 105840		2. Exact name of the limited liability company SAND TRACE, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island ownership and development of real estate and any other lawful purpose			
5. Principal office address 10B Appian Way		City Smithfield	State RI	Zip 02917-0000	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Frank Simonelli		Contact Title Manager			
Street Address 10B Appian Way		City Smithfield	State RI	Zip 02917-0000	
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 Frank Simonelli		Manager Name Robert Rongione			
Street Address 10B Appian Way		Street Address 10B Appian Way			
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Manager Name Anthony Rongione		Manager Name James Baccala			
Street Address 10B Appian Way		Street Address 10B Appian Way			
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Frank Simonelli		Address 10B Appian Way			
Address		City Smithfield	State RI	Zip 02917	

This report must be signed in ink by an authorized person pursuant to 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.

File Date	9/6/02
Check No.	1100
By:	CSM
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person: Frank Simonelli Date: September 3, 2002  
Print or Type Name of Authorized Person: Frank Simonelli, Manager

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



# 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 105840 Annual Report for the year 2001

1. The name of the limited liability company is: SAND TRACE, LLC

2. The address of the principal office of the limited liability company is:  
10B Appian Way Smithfield RI 02917-0000

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: Frank Simonelli  
10B Appian Way Smithfield RI 02917

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: FRANK Simonelli  
10B Appian Way Smithfield RI 02917-0000

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: ownership and development of real estate and any other lawful purpose

7. If the limited liability company has managers, list the name and address of each manager:

Name	Address
<u>Frank Simonelli</u>	<u>10B Appian Way Smithfield RI 02917</u>
<u>Robert Rongione</u>	<u>10B Appian Way Smithfield RI 02917</u>
<u>Anthony Rongione</u>	<u>10B Appian Way Smithfield RI 02917</u>
<u>James Baccala</u>	<u>10B Appian Way Smithfield RI 02917</u>

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.

Date: September 1, 2001

SAND TRACE, LLC

Exact Name of Limited Liability Company

By Frank Simonelli

Frank Simonelli, Manager

Title

8-29-01  
CMT# 1054  
Z

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



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 105840

Annual Report for the year 2000

1. The name of the limited liability company is:

SAND TRACE, LLC

2. The address of the principal office of the limited liability company is:

10 B Appian Way, Smithfield, R.I. 02917

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: FRANK SIMONELLI

108 APPIAN WAY SMITHFIELD RI 02917

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Frank Simonelli

10 B Appian Way

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Smithfield, R.I. 02917  
land development

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

*name*

*Address*

none

Dated 9/6/00



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.

Sand Trace, LLC

*Exact Name of Limited Liability Company*

By Frank Simonelli

President

*Title*

FOR SECRETARY OF STATE USE ONLY  
File Date: 9-8-00  
Check No.: 1025  
AMK