



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. 114948		2. Exact name of the limited liability company CARPARELLI ENTERPRISES, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE MANAGEMENT	
5. Principal office address 34 Post Road		City Westerly	State RI
			Zip 02891
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Thomas Carparelli		Contact Title	
Street Address 34 Post Road		City Westerly	State RI
			Zip 02891
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 Mary E. Carparelli		Manager Name Thomas M. Carparelli	
Street Address 34 Post Road		Street Address 34 Post Road	
City Westerly	State RI	Zip 02891	City Westerly
			State RI
			Zip 02891
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 JOSEPH K. RING Vincent J. Naccarato, Esq.		Address	
Address 96 FRANKLIN STREET		City WESTERLY	Zip 02891

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



Thomas M. Carparelli

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.

Mary E. Carparelli 11-28-05
Signature of Authorized Person / Date

Mary E. Carparelli

Print or Type Name of Authorized Person

File Date 12/1/05 *114948*

Check No. 4555

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



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. 114948		2. Exact name of the limited liability company CARPARELLI ENTERPRISES, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE MANAGEMENT	
5. Principal office address 34 POST ROAD		City WESTERLY	State RI
		Zip 02891-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name THOMAS CARPARELLI		Contact Title	
Street Address 34 POST RD.		City WESTERLY	State RI
		Zip 02891-2640	
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 <u>Mary E. Carparelli</u>		• Manager Name <u>Thomas M. Carparelli</u>	
Street Address <u>34 Post Road</u>		• Street Address <u>34 Post Road</u>	
City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	• City <u>Westerly</u>
			• State <u>RI</u>
			• Zip <u>02891</u>
Manager Name Thomas M. Carparelli		• Manager Name	
Street Address 34 Post Road		• Street Address	
City <u>Westerly</u>	State <u>RI</u>	Zip 02891	• 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 JOSEPH T. TURO		Address 96 FRANKLIN STREET	
Address		City WESTERLY	Zip 02891-

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



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Thomas M. Carparelli
Thomas M. Carparelli

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.

Mary E. Carparelli 5-26-05
Signature of Authorized Person Date

MARY E. CARPARELLI
Print or Type Name of Authorized Person

114948 DLLC 05/20/05 02:47:57 PM

File Date 6/29/05

Check No. 4418

By: DA

FOR SECRETARY OF STATE USE ONLY



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. 114948		2. Exact name of the limited liability company CARPARELLI ENTERPRISES, L.L.C.	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island RENT REAL ESTATE	
5. Principal office address 34 POST ROAD		City WESTERLY	State RI Zip 02891
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name THOMAS M. CARPARELLI		Contact Title MANAGER	
Street Address 34 POST ROAD		City WESTERLY	State RI Zip 02891
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 THOMAS M. CARPARELLI		• Manager Name Mary E. Carparelli	
Street Address 34 POST ROAD		• Street Address 34 Post Rd	
City WESTERLY	State RI	Zip 02891	• City WESTERLY State RI Zip 02891
• 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 JOSEPH T. TURO		Address	
Address 96 FRANKLIN STREET		City WESTERLY	Zip 02891

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



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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.

Mary E. Carparelli
Signature of Authorized Person Date
Mary E. Carparelli
Print or Type Name of Authorized Person

File Date	9/30/04
Check No.	4231
By:	DA
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

August 10, 2004

CARPARELLI ENTERPRISES, L.L.C.
c/o JOSEPH T. TURO
96 FRANKLIN STREET
WESTERLY, RI 02891-

RE: Corporation ID # 114948
CARPARELLI ENTERPRISES, L.L.C.

Dear Sir or Madam:

The Corporations Division of the Office of the Secretary of State has yet to receive your Annual Report for the year 2003.

Pursuant to the provisions set forth in Section 7-16-41 of the General Laws of the State of Rhode Island, the Certificate of Organization/Registration of the above named entity will be revoked after 60 days from the date of this notice for failure to file the report.

Please file your Annual Report for the year 2003 with the Corporations Division within the next sixty days so that your authority to conduct business will remain intact. If you have any questions, or if we can be of any assistance, please do not hesitate to call the Corporations Division at (401) 222-3040.

Sincerely,

Matthew Brown
Secretary of State



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. 114948		2. Exact name of the limited liability company CARPARELLI ENTERPRISES, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE MANAGEMENT	
5. Principal office address 34 Post Road		City Westerly	State RI
		Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Thomas M. & Mary E. Carparelli		Contact Title .	
Street Address 34 Post Road		City Westerly	State RI
		Zip 02891	
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 Thomas M. Carparelli		• Manager Name <i>Thomas M Carparelli</i>	
Street Address 34 Post Road		• Street Address <i>34 Post Road</i>	
City Westerly	State RI	Zip 02891	• City <i>Westerly</i>
			State <i>RI</i>
			Zip <i>02891</i>
Manager Name Mary E. Carparelli		• Manager Name <i>Mary E Carparelli</i>	
Street Address 34 Post Road		• Street Address <i>34 Post Road</i>	
City Westerly	State RI	Zip 02891	• City <i>Westerly</i>
			State <i>RI</i>
			Zip <i>02891</i>
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOSEPH T. TURO		Address	
Address 96 FRANKLIN STREET		City WESTERLY	Zip 02891-

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



File Date 10.28.02
Check No. 3637
By: *ME*
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.

Mary E. Carparelli 10/23/02
Signature of Authorized Person Date
Mary E. Carparelli
Print or Type Name of Authorized Person

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 114948

Annual Report for the year 2001

1. The name of the limited liability company is:

CARPARELLI ENTERPRISES, L.L.C.

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

34 Post Road - Westerly, RI 02891-2640

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: JOSEPH T. TURO

96 FRANKLIN STREET WESTERLY RI 02891-

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: 34 Post Road - Westerly, RI 02891-2640

Thomas or Mary Carparelli

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: real estate management

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

Name

Address

Thomas M. Carparelli 34 Post Road - Westerly, RI 02891-2640
Mary E. Carparelli 34 Post Road - Westerly, RI 02891-2640

Dated 9-7-01

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.



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Carparelli Enterprises L.L.C.
Exact Name of Limited Liability Company

By Mary E. Carparelli
Co-Manager
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-10-01</u>
Check No.:	<u>3271</u>
By:	<u>[Signature]</u>