

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPE		-					
1. 1D No. 103948	2. Exact name of the lit Windsor Group, L						
			•	tess which is actually conducted in Rhode Island			
I KOUDE ISLAND I				ERCIAL AND INDUSTRIAL BUSINESS ENTERPRISES DURING ON, OPERATION, DISSOLUTION AND SALE			
5. Principal office addre	រប		City	State	Zip		
1485 SOUTH COUNTY TRAIL, SECOND FLOOR			EAST GREENWICH	RI	02818-		
6. MATLING ADDI	RESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE OF	CONTACT P	ERSON:		
Contact Nome			Contact Title		<u>—</u>		
VINCENT A IND	EGLIA		•				
Sireei Address	•		City	State	Zip		
1485 SOUTH COU	NTY TRAIL, SE	COND FLOOR	.EAST GREENWICH	RI	02818-		
7. NAME AND ADI	RESS OF EACH N	IANAGER OF THE	IMITED LIABILITY COMPA	NY, IF APPLI	CABLE		
		PACES BEFORE USING		ATTACHMENT)	_		
	ANY MODIFICATION	S TO MANAGERS REQU	IRES FILING OF AMENDMENT. R.I.O				
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VINCENT A. INI	DEGLIA		•	•			
Street Address			Street Address	• Street Address			
1485 SOUTH COL	NTY TRAIL		•				
City	State	Zip	*City	Stote	Zip		
EAST GREENWICH	RI	02818					
Manager Name	J		Manager Name				
Street Address			•Sireei Address				
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Cuy	State	Zip	City	Stute	Zip		
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8. RESIDENT AGEN	IT IN RHODE ISLA	ND -DO NOT ALTER- CH	nanges require filling of Forr	n 642 - R.I.GL	. 7-16-11		
Agent Name			Address				
VINCENT A. INDEGLIA, ESQ.			1485 SOUTH COUNT	1485 SOUTH COUNTY TRAIL, 2ND FLOOR			
Address			City		Zip		
			EAST GREENWICH		02818-		
			-				

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



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By:	()
FOR SECRET	TARY OF STATE USE ONLY

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Print or Type Name of Authorized Person

Form 632 Rev. 6/02



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: Sep						
	PED OR PRINTED II			_		
J. ID No.		name of the limited liabilty company				
103948	Windsor Grou	p, LLC				
3. State of Formation	4. Brief d	escription of the character of the	ie business which is actually conducted in	Rhode Island	-	
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5. Principal office ad	lress .		City	State	Zip	
1485 SOUTH C	OUNTY TRAIL,	SECOND FLOOR	EAST GREENWICH	RI	02818-	
6. MAILING AD	DRESS OF LIMIT	ED LIABILITY COMP	ANY AND NAME OR TITLE OF	E CONTACT E	PERSON:	
Contact Name			Contact Title			
VINCENT A IN	DEGLIA		•			
Street Address	· -		City	State	Zip	
1485 SOUTH C	OUNTY TRAIL,	SECOND FLOOR	EAST GREENWICH	RI	02818-	
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This report must be signed in ink by an authorized person pursuant to 7-16-66.

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File Dute	LC 1,1/18/04 04:35:31 PM*
Check No.	161
В <u>у:</u>	DA
FOR SECRETAI	RY OF STATE USE ONLY

nder penalty of perjury, I declare and affirm that I have examined	
s report, including any accompanying schedules and statements.	
d that all statements contained berein arourue and correct.	
MONS / NORTH NA 11/18/1	M
nature of Authorized Person Date	
INCENT A. INDEGLIA	
int 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) 2. Exact name of the limited liabilty company 103948 Windsor Group, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island consult and advise commercial and industrial business enter-prise during various phases of organization, operation, RI prise during various dissolution and sale 5. Principal office address 2850 South County Trail, Suite 4A East Greenwich 02818 RΙ & MAILING ABDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON. Contact Name Vincent A. Indeglia City State Street Address Zip 2850 South County Trail, Suite 4A 02818 East Greenwich T NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IE APPLICABLE FILE IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) [] any modifications to managers beginnes fring of ameriment, RLQL7/16-12 (a) (2) 1-7/16-32 Manager Name · Manager Name Street Address • Street Address City State Zip City Zip State Manager Name Manager Name Street Address Street Address City State Zip State & RESIDENT AGENT IN REGDE ISLAND DO NOTALYER Changes require filing of Form \$42' & Light-16 Agent Name Address City Zsp Address fg

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

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File Date	11/3/03
Check No.	105
By	7
FOR SECRE	TARY 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.

Vincent A. Indeglia

Signature of Authorized Person

Print or Type Name of Authorized Person

Form 632 Rev. 6/02



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR <u>2002</u>

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

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1. ID No.	2. Exact name of the lin	, , ,			
103948	Windsor Group, L				
			he business which is octually conducted in I		- 4
RI			rcial and industral busine operation, dissolution and		s during various
5. Principal office address 2850 South County Trail, Suite 4A			City	State	Zip
			East Greenwich	RI	02818
	RESS OF LIMITED	LIABILITY COMI	ANY AND NAME OR TITLE OF	CONTACT PER	SON,
Contact Name			Contact Title		~
Vincent A. In	deglia		•		<u> </u>
Street Address	·		City	State	Zip 2
2850 South Co	unty Trail, Sui	te 4A	.East Greenwich	RI	02818
2. NAME AND AU	ORESS OF EACH M	ANAGER OF THE	LIMITED GABILITY COMPA	NY. IF APPLICA	181.6
			NG ATTACHMENTS I'X" BOX POR		
	ANY MODIFICATIONS	TO MANAGERS REC	uires filing of Amerdment. P.L.	i.L 7-18-12 (a) (2) /	7-16-52 ½ -72 11 m
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8. RESIDENT AGE	NT IN RHODE ISLAN	D -DO NOT ALTER- U	hanges require filing of Form	n 842 - R.I.GI. 7	16.11
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Vincent A. Indeglia					o 50.2
Address			City	Z	$\frac{\mathcal{N}}{\mathcal{N}} = \frac{-2}{2}$
SOED COURT CO	ounty Trail, Su	ita 48	East Greenwich		· 글을 피끌다
2030 South Co	ouncy Itali, Su		Last Greenwich		02818
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This report must be signed in ink by an authorized person pursuant to 7-16-66.

FILED
File Date OCT 0 1 2003
BY TY TOILY GOVE
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury declare and attrim that I have examined this report/including any accompanying schedules and statements, and that all statements contained herein are true ariti correct.

Vincent A. Indeglia

Print or Type Name of Authorized Person

Form 632 Rev. 6/02



2001

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 1

Filing Period: September 1 - November 1 •	Filing Fee: \$50.00
FORM MUST RE TYPED OR PRINTED IN RI ACKS	

1. ID No.	7 5	name of the limited liab	eta.	· · · · · · · · · · · · · · · · · · ·		
103948		or Group, LLC	шиу сотрану			
3. State of Formation	1 ********	• •	ha ahasania at tha kusinasa	which is actually conducted in Rho	1. 1.1. 2	
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RI				on, dissolution and s		
5. Principal office addre	:55			City	State	Zip
2850 South County Trail, Suite 4A				East Greenwich	RI	02818
6.MAILING ABDI	CESS O	PLIMITED LIABI	LITY COMPANY AN	D NAME OR TITLE OF C	ONTACT PERSON	
Contact Name				Cantact Title	to the forest of the first and are all saids as	~mmammmuumupu 47, 414,1744
Vincent A. Ind	deglia	ι		•		
Street Address		•		City	State	Ziρ
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NAME AND AD	33433	OF EACH MAG	ER GET!!SOMIT	en Saabilely Company	FARRITGASIA	
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8. RESIDENT AGEN	et in iu	HODE ISLAND DO	NOT ALJER: Changer	require lifing of Form	842 R I GL 7 1841	
Agent Name	*************			Address		
Vincent A. Indegli	а				<u></u>	. 555 ×
Address			· <u>·</u>	City	Ziρ	
2850 South County Trail, Suite 4A			East Greenwich	0281	8 7 5 M	
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This report must be signed in ink by an authorized person pursuant to 7-16-66.

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File Daie OCT 01	2003
By W	Mart Can
FOR SECRETARY OF STATE U	SE ONLY

Onder penalty of perjury 1 decente and arrive that I have examined
this report, including any performanying solicities and statements,
and that all statements contained herein are true and correct.
171 V -N 7 6 -
MM 9KH I
1/1/03
Algnature of Authorized Person) Date

Vincent A. Indeglia
Print or Type Name of Authorized Person



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 <u>/ () 3 94/</u> P	Annual Report for the year	
1.	The name of the limited liability company in the liability company in th		
2.	The address of the principal office of the li	mited liability company is: Leve Suite 100 Prividence RI0290	
3.	<u> </u>		
4.	The name and address of its resident agent agent and Syume Source	TE 100 Phudence RI 02903	
5.		ited liability company and the name or title of a person to whom Invont A Fudegle & Richmondsy R RI 02903	
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in this state:		
7. If the limited liability company has managers, list the name and address of each manager:			
	Vivcent A-Troballe Ralph A Palvmbo	Address 2 Richmond Sq Suite 100 Philidence RI 02963 2 Richmond Sq Suite Ro Phullonce RI 02963	
	e: 0003 3000 FILED OCT 0 3 2000 By Min 25/794 sed 01/99	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. Land	



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

	LIMITED LIABILITY COMPANY		
ID	Number <u>/03948</u>	Annual Report for the year 1999	
1.	The name of the limited liability company		
2.	The address of the principal office of the I		
3. 4.			
5.	The name and address of its resident agent is: /// Centro A Indeq / 12 Richmond Square Suiteron Providence R Toago The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: // Went A Trabaple 2 Richmod Square Providence Square Providence Square Providence Square Providence Square Providence Square Squar		
6.	Suite 100 Providen	ce KL 02903	
J .	state:	business in which the limited liability company is actually engaged in this	
7.	If the limited liability company has manage	ers, list the name and address of each manager:	
	Went A Indeglie Ratph A Patumbo	Address Alchmond Square Suiterco Providence RAO. 2 Richmond Square Suitero Providence RAO.	
Dat	e: At 3, sees	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. Exact Name of Limited Liability Company	
	FILED	By Vincent A Indeg Lie	
	OCT 0 3 2000 By 25/794	Meneger Title	