



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. 97148		2. Exact name of the limited liability company THE ROLLO FAMILY LLC I	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE, SALE AND MANAGEMENT OF REAL AND/OR PERSONAL PROPERTY	
5. Principal office address 93 CLAREDON AVENUE		City PROVIDENCE	State RI Zip 02906
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MICHAEL J ROLLO		Contact Title	
Street Address 93 CLARENDON AVENUE		City PROVIDENCE	State RI Zip 02906 -
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
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 JOHN M. HARPOOTIAN, ESQ.		Address ONE PROVIDENCE WASHINGTON PLAZA	
Address PASTER & HARPOOTIAN, LTD.		City PROVIDENCE	Zip 02903

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



9 7 1 4 8

\*97148 DLLC 09/12/05 05:50:11 PM\*

File Date 9/21/05

Check No. 2813

By: AJ

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.

Michael J. Rollo 09/16/05  
Signature of Authorized Person Date

Michael J. Rollo  
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. 97148		2. Exact name of the limited liability company THE ROLLO FAMILY LLC I	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE, SALE AND MANAGEMENT OF REAL AND/OR PERSONAL PROPERTY	
5. Principal office address 93 CLAREDON AVENUE		City PROVIDENCE	State RI Zip 02906
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MICHAEL J ROLLO Contact Title			
Street Address 93 CLAREDON AVENUE		City PROVIDENCE	State RI Zip 02906-
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 JOHN M. HARPOOTIAN, ESQ.		Address ONE PROVIDENCE WASHINGTON PLAZA	
Address PASTER & HARPOOTIAN, LTD.		City PROVIDENCE	Zip 02903

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



9 7 1 4 8

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.

Michael J. Rollo October 1, 2004  
Signature of Authorized Person Date

Michael J. Rollo  
Print or Type Name of Authorized Person

*97148 DLLC 09/08/04 09:08:46 AM*	
File Date	<u>10/4/04</u>
Check No.	<u>2578</u>
By:	<u>DA</u>
FOR SECRETARY OF STATE USE ONLY	



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

Mathew 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. 97148		2. Exact name of the limited liability company THE ROLLO FAMILY LLC I	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE, SALE AND MANAGEMENT OF REAL AND/OR PERSONAL PROPERTY	
5. Principal office address 93 CLAREDON AVENUE		City PROVIDENCE	State RI Zip 02906
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MICHAEL J ROLLO		Contact Title Member	
Street Address 93 CLARENDON AVENUE		City PROVIDENCE	State RI Zip 02906-
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
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 JOHN M. HARPOOTIAN, ESQ.		Address ONE PROVIDENCE WASHINGTON PLAZA	
Address PASTER & HARPOOTIAN, LTD.		City PROVIDENCE	Zip 02903

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



9 7 1 4 8

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.

*Michael J. Rollo* 10/10/03  
Signature of Authorized Person Date  
MICHAEL J. ROLLO  
Print or Type Name of Authorized Person

\*97148 DLLC 09/29/03 03:28:32 PM\*

File Date 10/22/03

Check No. 2281

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



# 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. <b>97148</b>		2. Exact name of the limited liability company <b>THE ROLLO FAMILY LLC I</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>PURCHASE, SALE AND MANAGEMENT OF REAL AND/OR PERSONAL PROPERTY</b>	
5. Principal office address <b>90 Clarendon Ave.</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02906</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Michael J. Rollo, trustee</b>		Contact Title <b>Member</b>	
Street Address <b>98 Clarendon Ave.</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02906</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) 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
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 <b>JOHN M. HARPOOTIAN, ESQ.</b>		Address <b>PASTER &amp; HARPOOTIAN, LTD.</b>	
Address <b>ONE PROVIDENCE WASHINGTON PLAZA</b>		City <b>PROVIDENCE</b>	Zip <b>02903</b>

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



\* 9 7 1 4 8 \*

File Date	<u>10.7.02</u>
Check No.	<u>1978</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.

Michael J. Rollo 10/02/02  
Signature of Authorized Person Date  
**Michael J. Rollo, Trustee/Member**  
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 DLIC 97148

Annual Report for the year 2001

1. The name of the limited liability company is:

THE ROLLO FAMILY LLC I

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

93 Clarendon Ave., Providence, RI 02906

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: JOHN M. HARPOOTIAN, ESQ.

PASTER & HARPOOTIAN, LTD. ONE PROVIDENCE WASHINGTON PLAZA PROVIDENCE RI 02903

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: Michael J. Rollo

93 Clarendon Ave., Providence, RI 02906

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Purchase, sale, and management of real and/or personal property

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

Name	Address
_____	_____
_____	_____
_____	_____

Dated

October 12, 2001 ✓



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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.

THE ROLLO FAMILY LLC I

Exact Name of Limited Liability Company

By

Michael J. Rollo ✓  
Trustee/Member

Title

FOR SECRETARY OF STATE USE ONLY  
File Date: 10-16-01

Check No.: 1728

By: [Signature]

Form No. 632  
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

**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 97148**

**Annual Report for the year 2000**

- 1. The name of the limited liability company is:**

THE ROLLO FAMILY LLC I

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

93 Clarendon Ave., Providence, RI 02906

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: JOHN M. HARPOOTIAN, ESQ.

PASTER & HARPOOTIAN, LTD. ONE PROVIDENCE WASHINGTON PLAZA PROVIDENCE RI 02903

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: Michael J Rollo

93 Clarendon Ave., Providence, RI 02906

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Purchase, sale, and management of real and/or personal property

- [illegible]

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**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.

THE ROLLO FAMILY LLC I

**Exact Name of Limited Liability Company**

By Michael Rollo October 6, 2000  
Trustee/Member

***Tide***

Form No. 632  
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

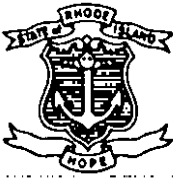
File Date: 10/12  
1474

Check No.:

By: de

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 LL 97148

Annual Report for the year 1999

1. The name of the limited liability company is:

THE ROLLO FAMILY LLC I

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

93 Clarendon Ave., Providence, RI 02906

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: JOHN M. HARPOOTIAN, ESQ.

PASTER & HARPOOTIAN, LTD. ONE PROVIDENCE WASHINGTON PLAZA PROVIDENCE, RI 02903

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: Michael J. Rollo

93 Clarendon Ave., Providence, RI 02906

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Purchase, Sale and Management of Real and Personal Property

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

Name

Address

Dated \_\_\_\_\_



\* 9 7 1 4 8 \*

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.

THE ROLLO FAMILY LLC I

Exact Name of Limited Liability Company

By Michael J. Rollo

Trustee/Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 12-9-99

Check No.: 1244

By: AMF

Form No. 632  
Revised 01/99

**To be filed annually between  
September 1 and November 1**

**LIMITED LIABILITY COMPANY****Annual Report for the year 1998**

- DETACH BOTTOM BEFORE RETURNING

Date September 4, 1998



FOR SECRETARY OF STATE USE ONLY

File Date: 9.11.98

Check No.: 1073

By: 16P