

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 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) I. ID No. 2. Exact name of the limited liabilty company 97148 THE ROLLO FAMILY LLC I 3. State of Formation 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 RHODE ISLAND 5. Principal office address State Zip 93 CLAREDON AVENUE PROVIDENCE RI 02906 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title MICHAEL J ROLLO Street Address City State Zip 93 CLARENDON AVENUE . PROVIDENCE RI 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) 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.C.I., 7-16-11 JOHN M. HARPOOTIAN, ESQ. ONE PROVIDENCE WASHINGTON PLAZA Address City Zip PASTER & HARPOOTIAN, LTD. PROVIDENCE 02903

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



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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 Rollo	09/11/05
Signature of Authorized Person	Date
Mishael Libert	

MIChael J. Rollo
Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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



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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.

micraed Rollo	October 1 2000	<u>'</u>
Signature of Authobized Person Michael J. Rollo	Date	•

Print or Type Name of Authorized Person



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

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

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1. <i>ID No.</i> 97148		name of the limited li ROLLO FAMILY	, , ,			
3. State of Formation	_l	4. Brief description of	f the character of th	e business which is actually conduct	ed in Rhode Island	
RHODE ISLAND		PURCHASE, SAI	E AND MANAG	EMENT OF REAL AND/OR PI	ERSONAL PROPERT	Y
Principal office addr				City	State	Zip
3 CLAREDON A				PROVIDENCE	RI	02906
6. MAILING ADD	RESS O	F LIMITED LIA	BILITY COMP	ANY AND NAME OR TITLI *Contact Title	E OF CONTACT P	ERSON:
MICHAEL J ROL	TO			.Member		
reet Address				City	State	Zip
3 CLARENDON				. PROVIDENCE	RI	02906-
. NAME AND AD	DRESS			LIMITED LIABILITY CON G ATTACHMENTS ("X" BOX	MPANY, IF APPLI (<i>FOR ATTACHMENT</i>)	_
	ANY M			UIRES FILING OF AMENDMENT	-	
anager Name	-			· Manager Name		
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ireei Address				Street Address		
City		State	Zip	City	State	Zip
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	NT IN R	HODE ISLAND -D	O NOT ALTER- C	hanges require filing of	Form 642 - R.I.G.I	7-16-11 · · · · · · · · ·
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geni Name JOHN M. HARPO	· · · · · · · · · · · · · · · · · · ·		O NOT ALTER- C	Address ONE PROVIDENCE	Form 642 - R.I.G.I E WASHINGTON	PLAZA
gens Name JOHN M. HARP(ddress	OOTIAN	, ESQ.	O NOT ALTER- C	ONE PROVIDENC		PLAZA Zip
B. RESIDENT AGE geni Name JOHN M. HARP(Iddress PASTER & HARP	OOTIAN	, ESQ.	O NOT ALTER- C	Address ONE PROVIDENCE		PLAZA
geni Name JOHN M. HARP(iddress PASTER & HARI	POOTIA	,ESQ.		ONE PROVIDENC		PLAZA Zip
geni Name JOHN M. HARP(iddress PASTER & HARI	POOTIA	,ESQ.		Address ONE PROVIDENCE City PROVIDENCE n pursuant to 7-16-66. Under penalty of	Perjury, I declare and	PLAZA Zip 02903 affirm that I have examined
gent Name JOHN M. HARP(iddress PASTER & HARP This report must b	pootial pootial	ESQ. In ink by an au 4 8		Address ONE PROVIDENCE PROVIDENCE n pursuant to 7-16-66. Under penalty of this report, included	Perjury, I declare and	PLAZA Zip 02903 affirm that I have examined g schedules and statements,
gent Name JOHN M. HARPO Iddress PASTER & HARP This report must b	pootial pootial	ESQ. In ink by an au 4 8		Address ONE PROVIDENCE PROVIDENCE n pursuant to 7-16-66. Under penalty of this report, included	perjury, I declare and	PLAZA Zip 02903 affirm that I have examined a schedules and statements,
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*97148 DLLC 09	pootial pootial	ESQ. In ink by an au 4 8		Address ONE PROVIDENCE PROVIDENCE n pursuant to 7-16-66. Under penalty of this report, included	perjury, I declare and	PLAZA Zip 02903 affirm that I have examined ag schedules and statements, in are true and correct.
gent Name JOHN M. HARPO Iddress PASTER & HARP This report must b	pootial pootial	ESQ. In ink by an au 4 8		Address ONE PROVIDENCE PROVIDENCE n pursuant to 7-16-66. Under penalty of this report, included	perjury, I declare and	PLAZA Zip 02903 affirm that I have examined ag schedules and statements, in are true and correct.



Edward S. Inman, III, Secretary of State

Corporations Division
M. Narth Main Storet, Providence, Rt. 02003, 1335

100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _2002

Filing Period: S (FORM MUST BE			~	9.00		
1. ID No. 97148	2. Exact nai		liabilty company			
3. State of Formation				husiness which is actually conducted in		
•	i -			THE STATE OF REAL AND/OR PERSONA		
RHODE ISLAN	D '	ollonac, or	CE AID MANAGEN	TENT OF REAL AND/OR PERSONA	AL PROPERTY	
5. Principal office	address			City	State	Zip
90 Claren	don Ave.			Providence	RI	02906
6. MAILING A	DDRESS OF I	JMITED LI	ABILITY COMPA	NY AND NAME OR TITLE C	F CONTACT PE	RSON:
Contact Name				Contact Title		
	. Rollo, truste	e		• Member		
Street Address				City	State	Zip
98Claren				 Providence 	RI	02906
7. NAME AND A				MITED LIABILITY COMPAN		
					OR ATTACHMENT	
	ANY MODI	FICATIONS TO	MANAGERS REQU	IRES FILING OF AMENDMENT, R.	.G.L 7-16-12 (a) (2)	/ 7-16-52
fanager Name				•Manager Name		
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Street Address				• Street Address	-	
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City	Sta	ite	Zip	*City	State	Zip
Manager Name					J	J
munuger Name				*Manager Name		
Street Address	-			*Street Address		···· ·
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City	Sta	te	Zip	City	State	Zip
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8. RESIDENT A	GENT IN RHO	DE ISLAND-	O NOT ALTER- Ch	anges require filing of For	rm 642 - R.I.G.L.	7-16-11
0. 10001D D(11 A				Address		
Agent Name				PASTER & HARPOOTIAN,	I TO	
Igent Name JOHN M. HARPO	OTIAN, ESQ.			TENSTEN & DANFOUTIAN,	LID.	
4gent Name JOHN M. HARPO	OTIAN, ESQ.		<u> </u>	City		Zip
Agent Name JOHN M. HARPO Address	OTIAN, ESQ. CE WASHINGTON	PLAZA				Zip 02903

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



File Date	10.7.02
Check No	1978
В <u>у:</u>	au
FOR SECRETAL	RY 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.

micrael Rollo	10/02/02	
Signature of Authorized Person	Date	

Michael J. Rollo, Trustee/Member

religion to



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

D	Number DLLC 97148	Annual Report for the year 2001
۱.	. The name of the limited liability company is	s:
	THE ROLLO FAMILY LLC I	
2.	the address of the principal office of the light 93 Clarendon Ave., Providence	
3.	. The state or other jurisdiction under the law	ws of which it is formed is RHODE ISLAND
4.	The name and address of its resident age	nt is: JOHN M. HARPOOTIAN, ESQ.
	PASTER & HARPOOTIAN, LTD. ONE PR	OVIDENCE WASHINGTON PLAZA PROVIDENCE RI 02903
5.	i. The current mailing address of the limited may be directed are:Michael J. Roll	liability company and the name or title of a person to whom communications
	93 Clarendon Ave., Providence	e, RI 02906
7.	state: Purchase, sale, and manageme	e business in which the limited liability company is actually engaged in this ent of real and/or personal property ers, the name and address of each manager of the limited liability company Address
_	Dated October 12 2001 9 7 1 4 8 FOR SECRETARY OF STATE USE ONLY ille Date:	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 Rollod Trustee/Member
Che	Check No.: 1728	Title Form No. 632
Зу:	зу:	Revised 01/99

Filing Fee: \$50.00

By:

To be filed annually between September 1 and November 1

Revised 01/99



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 comp	any is:
	THE ROLLO FAMILY LLC I	
2.	The address of the principal office of	the limited liability company is:
	93 Clarendon Ave., Provi	dence, RI 02906
3.	The state or other jurisdiction under the	he laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident	tagent is: JOHN M. HARPOOTIAN, ESQ.
	PASTER & HARPOOTIAN, LTD. ON	E PROVIDENCE WASHINGTON PLAZA PROVIDENCE RI 02903
5.	The current mailing address of the line may be directed are:	nited liability company and the name or title of a person to whom communications J. Rollo
	93 Clarendon Ave., Provi	dence, RI 02906
6.	Purchase, sale, and man	of the business in which the limited liability company is actually engaged in this agement of real and/or personal property
7.	If the limited liability company has me Name	anagers, the name and address of each manager of the limited liability company **Address**
Da	eted	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
	9 7 1 4 8	Exact Name of Limited Liability Company
	FOR SECRETARY OF STATE USE ONLY Date: /0//3	By Michael Rollo October 6 2000 Trustee/Member
Cho By:	cck No.:	Title Form No. 632 Revised 01/99

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 (2016) (2016) (2016) ...Telephone (401) 222-3040......

	n i njerin koj nem 1. j. j. Lil	MITED LIABILITY COMPANY				
ID	Number <u>LL 97148</u>	Annual Report for the year 1999				
1.	The name of the limited liability company THE ROLLO FAMILY LLC I	/ is:				
2.						
3.	The state or other jurisdiction under the I	aws of which it is formed is RHODE ISLAND				
4.	The name and address of its resident ag	ent is: JOHN M. HARPOOTIAN, ESQ.				
	PASTER & HARPOOTIAN, LTD. ONE P	ROVIDENCE WASHINGTON PLAZA PROVIDENCE, RI 02903				
5.		d liability company and the name or title of a person to whom communications hael J. Rollo				
6.		ne business in which the limited liability company is actually engaged in this ement of Real and Personal Property				
7.	If the limited liability company has manage Name	gers, the name and address of each manager of the limited liability company Address				
Da	* 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				
File	FOR SECRETARY OF STATE USE ONLY Date: 12-9-99	By Michael Jolls				
	eck No.: 1244	Trustee/Member				
Bv:	0.00.0	Form No. 632 Revised 01/99				



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

	LIMITED LIABILITY COMPANY
ID	Number LL 97148 Annual Report for the year 1998
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: 546 Cole Avenue, Providence, RI 02906
3. 4.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND The name and address of its resident agent is: JOHN M . HARPOOTIAN, ESQ.
5.	PASTER & HARPOOTIAN, LTD. ONE PROVIDENCE WASHINGTON PLAZA PROVIDENCE, RI-02903 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, Trustee, 546 Cole Avenue, Providence,
6.	RI 02906 A brief statement of the character of the business in which the limited liability company is actually engaged in this state: acquire, own, develop, lease, sell and/or manage real estate 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
Dar	Jostanus 4 , 19 98 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
File	Date: 9.11.98 By Michael Rollo Trustie Imende Ck No.: 1073
3у:	Michael J. Rollo. Trustee/Member Titte

Form No. LLC-19 Revised 8/97