

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: Sept	ember 1 -	- November I	Filing Fee: \$50.	00				
FORM MUST BE TYP								
1. 1D No.			ted liabilty company					
99348	P9348 The Procaccianti Group, LLC							
3. State of Formation	1. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island							
RHODE ISLAND)	REAL ESTAT	E					
5. Principal office add	ress			City	State	Zip		
1140 RESERVO	IR AVEN	ΨE		CRANSTON	RI	02920		
6. MAILING ADI	RESS O	F LIMITED I	LABILITY COMPAN	Y AND NAME OR TITLE	OF CONTACT PE	RSON:		
Contact Name			•	Contact Title				
JAMES A. PRO	CACCIAN	TI		•				
Street Address				City	State	Zip		
1140 RESERVO	R AVEN	UE		. CRANSTON	RI	02920		
7. NAME AND AI		IILL IN SPA	ACES BEFORE USING	IMITED LIABILITY COM ATTACHMENTS ("X" BOX I RES FILING OF AMENDMENT.	FOR ATTACHMENT) [j .		
Manager Name				•Manager Nume	• Manager Nume			
JAMES PROCACO	CIANTI			•				
Street Address				Street Address				
1140 RESERVO	IR AVEN	J UE		•				
City		State	Zip	*City	State	Zip		
CRANSTON		RI	02920	•	ļ			
Manager Name	• • • •		!	*Manager Name		• • • • • • • • • • • • • • •		
Street Address				•Street Address				
City		State	Zip	City	State	Zip		
•			l ·	•				
8. RESIDENT AGE	NT IN RI	HODE ISLANI	D-DO NOT ALTER- Ch	anges require filling of F	orm 642 - R.I.G.L.	7-16-11		
Agent Naine				Address				
JAMES P. REDDING, ESQ.				1500 FLEET CEN	1500 FLEET CENTER			
Address				City	City Zip			
				PROVIDENCE	PROVIDENCE 02903			

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



	
99348 DLL(C 10/17/05 03:24:51 PM
File Date	11/8/07
	172837 K 81714
Check No.	[10 0 7 / 1 0 1 7
By: LMC	- 11 w-C
FOR SECRETAR	RY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, peluding any accompanying schedules and statements,	
and that all statements contained he ein are true and correct.	
My m 11/105	
Signature of Authorized Person Date	
Prini or Type Name of Authorized Person	
Form 632 Re	ev. 6/02



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

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 99348 The Procaccianti Group, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE RHODE ISLAND 5. Principal office address State City Zip 1140 RESERVOIR AVENUE RI CRANSTON 02920 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title JAMES PROCACCIANTI Street Address State City Zip 1140 RESERVOIR AVENUE . CRANSTON RI 02920 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 James Procaccianti Street Address · Street Address 1140 Reservoir Avenue City State Zip State Zιρ Cranston RI 02920 Manager Name Manager Name Street Address ·Street Address City Zip City State -8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address JAMES P. REDDING, ESQ. 1500 FLEET CENTER Address Zip PROVIDENCE 02903

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



*99348 DLLC 10/01/04 11:42:10 A	
Check No. 164229	
B _{X:} \(\(\lambda \) \\	: •
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and a	
this report, including any accompanying	schedules and statements,
and that all statements contained herein	are true and correct.
Signature of Adhorized Person	Date • • • -
January 17 dalina	
James P. Redding	
Print or Type Name of Authorized Person	
;	Form 632 Rev 6/02



160 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

IFORM MUST BE TY	PED OR PR	RINTED IN BL	ACK)			
1. ID No		2. Exact name of the limited liability company				
99348	The P	rocaccianti	Group, LLC			
3 State of Formation		4. Brief descrip	otion of the character of the	business which is actually conduct	ed in Rhode Island	
RHODE ISLAND	RHODE ISLAND REAL ESTATE					
5 Principal office add		1		City	State	Zıp
1140 RESERVO		-		CRANSTON	RI	02920
6. MAILING ADD Contact Name JAMES A PROCE			LIABILITY COMPA	NY AND NAME OR TITLI Contact Title	OF CONTACT	PERSON:
Street Address				City	State	Zip
1140 RESERVOI	R AVEN	JE		CRANSTON	RI	02920
Manager Name	ANY MO	FILL INS	PACES BEFORE USING	ATTACHMENTS ("X" BOX RES FILING OF AMENDMENT. • Manager Name	FOR ATTACHMEN	$n \sqcap$,
James A. Proc	caccian	ti		•		
Street Address				*Street Address		
1140 Reservoi	ir Aven	ue				
City		State	Zıp	*City	State	Zıp
Cranston		RI	02920			
Manager Name				Manager Name	• • • • • • • •	
Street Address				•Street Address		, ,,
City		State	Zip	City	State	Zip
8. RESIDENT AGE	NT IN RI	IODE ISLAN	D -DO NOT ALTER- Ch	anges require filing of	Form 642 - R.L.G	L. 7-16-11
JAMES P. REDO	DING, ES	Q.		1500 FLEET CE	NTER	
Address				City	City	
				PROVIDENCE		02903

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



99348 File Date	DLLC DA 5/0E D 26:23 AM
Check No	DEC 18 2003
Bv.	By MI4SIL
*	RETARY 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.

Date



Edward S. Inman, 111, 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

	D OR PRINTED IN BL	· ,	<u>. </u>	<u> </u>	
1. ID No. *99348*	2. Exact name of the lite. The Procaccianti				
3. State of Formation	4. Brief descrip	tion of the character of th	e business which is actually conducte	d in Rhode Island	
RHODE ISLAND	REAL EST	ALR.			
5. Principal office addre			City	State	2ip
1140 RESERVOI	R AVENUE		CRANSTON	RI	02920
6. MAILING ADDI	RESS OF LIMITED	LIABILITY COMP	ANY AND NAME OR TITLE Contact Title	OF CONTACT PER	SON:
JAMES A PROCA	CCIANTI		•		
Street Address 1140 RESERVOIR	RAVENUE		City CRANSTON	State RI	<i>Zip</i> 02920
7. NAME AND ADI		IANAGER OF THE	LIMITED LIABILITY CON	APANY, IF APPLICA	BLE
			UIRES FILING OF AMENDMENT.	•	7.16.52
Manager Name	7	, ro invitation in the	• Manager Name	74.1.0.2 7-10-12 (a) (2) 7	7-10-32
James A. Proca	accianti		· · · · · · · · · · · · · · · · · · ·		
Street Address	······································		* Street Address		
1140 Reservoi	r Avenue		•		
City	State	Zip	*City	State	Zip
Cranston	RI	02920	• '		
Manager Name	• • • • • • • • • • •	• • • • • • • • • •	Manager Name	• • • • • • • • • • •	
Street Address			·Sireet Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGEN	T IN RHODE ISLAN	D -DO NOT ALTER- C	hanges require filing of I	Form 642 - R.I.G.L. 7-1	6-11
Agent Name			Address		
JAMES P. REDDI	NG, ESQ.		1500 FLEET CE	NTER	
Address			City	Zij	,
			PROVIDENCE	0	2903
This report must be	signed in ink by a	n authorized person	pursuant to 7-16-66. Under penalty of a	perjury, I declare and affin	om that I have examined
*99348 DLLC10 File Date Check No. NO. By. By.	107 2002 CC H7106	——————————————————————————————————————	Signature of Abetican James P.	ng any accompanying scents contained herein are	

To be filed annually between September 1 and November 1

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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

ח	Number	DLLC	99348
	RUIIDEI		~~~~

Annual Report for the year 2001

		• • • • • • • • • • • • • • • • • • • •
1.	The name of the limited liability company is	3 :
	The Procaccianti Group, LLC	
2.	The address of the principal office of the lin	nited liability company is:
	1140 Reservoir Avenue, Cranston, RL	02920
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 ager	nt is: JAMES P. REDDING, ESQ.
	1500 FLEET CENTER 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: Manager	
	1140 Reservoir Avenue, Cranston, RI	02920
6.	A brief statement of the character of the	business in which the limited liability company is actually engaged in this
	state: Real estate	
7.	If the limited liability company has manage	ers, the name and address of each manager of the limited liability company Address
	James A. Procaccianti	- 1140 Reservoir Avenue, Cranston, RI 02920
Dá	ated 10 · 15 · 0 /	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 Procaccianti Group, LLC
	9 9 3 4 8	Exact Name of Limited Liability Company
	FOR SECRETARY OF STATE USE ONLY e Date:	Ву
File	e Date: FILED	Resident Agent
	cck No.: 'JAN 2 4 2002	Title Form No. 632
Ву	: By <u>Ce</u> <u>01001)</u>	Revised 01/99
	(A)	1

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



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 N	umber	9934# 8		Annual Report for the year 2000
1.		me of the limited liability		
2.		dress of the principal off Reservoir Avenue, Crar		
	The nan	te or other jurisdiction u	sident agent i	,
5.	The cu	Fleet Center, Providence rrent mailing address unications may be direct Reservoir Avenue, Crar	of the limit	``
6.	A brief			usiness in which the limited liability company is actually engaged in this
7. \	If the li	mited liability company l	nas managers	the name and address of each manager of the limited liability company Address
	James	A. Procaccianti	 	1140 Reservoir Avenue, Cranston, RI 02920
Dated	d	,	2000	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.
-	D) By No. LLC- ed 8/97	EC 1 8 2000 (201) 13.2070		The Procaccianti Group, LLC Exact Name of Limited Liability Company By Resident Agent Vitle



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 No	umber	LL 99348	Annual Report for the year 1999
1.		me of the limited liability company	v is:
2.		dress of the principal office of the Reservoir Avenue, Cranston, RI	
		te or other jurisdiction under the l	
4.		me and address of its resident ag- Vestminster Street, Suite 1000, P	
5.	commu	unications may be directed are: Reservoir Avenue, Cranston, RI	
6.	A brief state:	statement of the character of the Real estate	he business in which the limited liability company is actually engaged in this
7.	If the li	mited liability company has mana Name	gers, the name and address of each manager of the limited liability company Address
	James	A. Procaccianti	1140 Reservoir Avenue, Cranston, RI 02920
Dated	AU By-	O. NO SECRETARY OF STATE CORPORATORY OF STATE CORPO	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 Procaccianti Group, LLC Exact Name of Limited Liability Company By April 1
	No. LLC-1 ed 8/97	19	