



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. 99348		2. Exact name of the limited liability company The Procaccianti Group, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 1140 RESERVOIR AVENUE		City CRANSTON	State RI	Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JAMES A. PROCACCIANTI		Contact Title .			
Street Address 1140 RESERVOIR AVENUE		City CRANSTON	State RI	Zip 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) <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 JAMES PROCACCIANTI		.Manager Name .			
Street Address 1140 RESERVOIR AVENUE		.Street Address .			
City CRANSTON	State RI	Zip 02920	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 JAMES P. REDDING, ESQ.		Address 1500 FLEET CENTER			
Address .		City PROVIDENCE		Zip 02903	

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



9 9 3 4 8

99348 DLLC 10/17/05 03:24:51 PM	
File Date	11/8/05
Check No.	172837 R 8174
By:	KMC KMC
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.

Signature of Authorized Person

Date

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. 99348		2. Exact name of the limited liability company The Procaccianti Group, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 1140 RESERVOIR AVENUE		City CRANSTON	State RI
		Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JAMES PROCACCIANTI		Contact Title	
Street Address 1140 RESERVOIR AVENUE		City CRANSTON	State RI
		Zip 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) <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 James Procaccianti		Manager Name	
Street Address 1140 Reservoir Avenue		Street Address	
City Cranston	State RI	City	State
Zip 02920		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 JAMES P. REDDING, ESQ.		Address 1500 FLEET CENTER	
Address		City PROVIDENCE	Zip 02903

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



9 9 3 4 8

99348 DLLC 10/01/04 11:42:10 AM

File Date

11/8/04

Check No.

164229

By:

W.

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.

Signature of Authorized Person

Date

James P. Redding

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 3940

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 99348		2. Exact name of the limited liability company The Procaccianti Group, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 1140 RESERVOIR AVENUE		City CRANSTON	State RI
		Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JAMES A PROCACCIANTI		Contact Title	
Street Address 1140 RESERVOIR AVENUE		City CRANSTON	State RI
		Zip 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) <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 James A. Procaccianti		Manager Name	
Street Address 1140 Reservoir Avenue		Street Address	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 JAMES P. REDDING, ESQ.		Address 1500 FLEET CENTER	
Address		City PROVIDENCE	Zip 02903

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



9 9 3 4 8

99348 DLLC FILED 12/16/03 10:26:23 AM	
File Date	DEC 18 2003
Check No	
By	By m14514
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.

Signature of Authorized Person

Date

James P. Redding

Print or Type Name of Authorized Person



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

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. *99348*		2. Exact name of the limited liability company The Procaccianti Group, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 1140 RESERVOIR AVENUE		City CRANSTON	State RI	Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JAMES A PROCACCIANTI		Contact Title			
Street Address 1140 RESERVOIR AVENUE		City CRANSTON	State RI	Zip 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) <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 James A. Procaccianti		• Manager Name			
Street Address 1140 Reservoir Avenue		• Street Address			
City Cranston	State RI	Zip 02920	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 JAMES P. REDDING, ESQ.		Address 1500 FLEET CENTER			
Address		City PROVIDENCE	Zip 02903		

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



* 9 9 3 4 8 *

99348 DLLC10 02:34 PM

FILED

File Date
1 NOV 07 2002

Check No.

By: Cc #2106

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.

Signature of Authorized Person

Date

James P. Redding

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 99348

Annual Report for the year 2001

1. The name of the limited liability company is:

The Procaccianti Group, LLC

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

1140 Reservoir Avenue, Cranston, RI 02920

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: 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 managers, the name and address of each manager of the limited liability company

James A. Procaccianti

1140 Reservoir Avenue, Cranston, RI 02920

Dated

10-15-01



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.

The Procaccianti Group, LLC

Exact Name of Limited Liability Company

By

Resident Agent

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date:

FILED

Check No.:

JAN 24 2002

By:

By CC 010012

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

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



Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

ID Number 993478 Annual Report for the year 2000

1. The name of the limited liability company is:
The Procaccianti Group, LLC
2. The address of the principal office of the limited liability company is:
1140 Reservoir Avenue, Cranston, RI 02920
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: 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: James A. Procaccianti
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 managers, the name and address of each manager of the limited liability company

<i>Name</i>	<i>Address</i>
<u>James A. Procaccianti</u>	<u>1140 Reservoir Avenue, Cranston, RI 02920</u>
<u></u>	<u></u>
<u></u>	<u></u>

Dated _____, 2008

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.

FILED

DEC 18 2000

By 701/132070

The Procaccianti Group, LLC

~~Exact Name of Limited Liability Company~~

Bv

Resident Agent

Title

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

LIMITED LIABILITY COMPANY

ID Number LL 99348

Annual Report for the year 1999

1. The name of the limited liability company is:

The Procaccianti Group, LLC

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

1140 Reservoir Avenue, Cranston, RI 02920

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: James P. Redding, Esq.

170 Westminster Street, Suite 1000, 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: James A. Procaccianti

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 managers, the name and address of each manager of the limited liability company

James A. Procaccianti

1140 Reservoir Avenue, Cranston, RI 02920

Dated 21, 20 00

FILED

AUG 21 2000

BY CC # 113

AUG 21 11 17 AM '00

**RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.**

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

Resident Agent
Title