



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANNED ZONING  
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. 110749		2. Exact name of the limited liability company SCAROLL, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO PURCHASE, SELL, MANAGE AND INVEST IN REAL ESTATE	
5. Principal office address P.O. BOX 10476		City CRANSTON	State RI
		Zip 02910-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name THOMAS M RICCI		Contact Title Manager	
Street Address PO BOX 10476		City CRANSTON	State RI
		Zip 02910-	
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 Thomas M. Ricci		Manager Name	
Street Address P.O. Box 10476		Street Address	
City Cranston	State RI	City	State
	Zip 02910		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 RICHARD A. PACIA, ESQ.		Address 50 POWER ROAD, SUITE 200	
Address		City PAWTUCKET	Zip 02860-

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



1 1 0 7 4 9

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

\*110749 DLLC 10/07/05 11:40:06 AM\*

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY



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. 110749		2. Exact name of the limited liability company SCAROLL, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO PURCHASE, SELL, MANAGE AND INVEST IN REAL ESTATE	
5. Principal office address P.O. Box 10476		City Cranston	State RI
		Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Thomas M. Ricci		Contact Title Manager	
Street Address P.O. Box 10476		City Cranston	State RI
		Zip 02910	
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 Thomas M. Ricci		Manager Name	
Street Address P.O. Box 10476		Street Address	
City Cranston	State RI	City	State
	Zip 02910		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 RICHARD A. PACIA		Address	
Address 50 POWER ROAD		City PAWTUCKET	Zip 02860

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



\* 1 1 0 7 4 9 \*

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.

File Date 10/27/04  
Check No. 0405  
By: W.

FOR SECRETARY OF STATE USE ONLY

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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 110749		2. Exact name of the limited liability company SCAROLL, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO PURCHASE, SELL, MANAGE AND INVEST IN REAL ESTATE	
5. Principal office address P.O. BOX 10476		City CRANSTON	State RI Zip 02910-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name THOMAS M RICCI		Contact Title	
Street Address PO BOX 10476		City CRANSTON	State RI Zip 02910-
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY (IF APPLICABLE)			
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Thomas M. Ricci		Manager Name	
Street Address Same		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. 7-16-1			
Agent Name RICHARD A. PACIA		Address 50 POWER ROAD	
Address		City PAWTUCKET	Zip 02860-

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



1 1 0 7 4 9

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

Thomas M. Ricci, Manager

Print or Type Name of Authorized Person

\*110749 DLLC 10/08/03 08:31:17 PM\*

FILED

File Date

OCT 14 2003

Check No.

By

By JTO GMA

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02



# 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. 110749		2. Exact name of the limited liability company SCAROLL, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO PURCHASE, SELL, MANAGE AND INVEST IN REAL ESTATE	
5. Principal office address P.O. Box 10476		City Cranston	State RI Zip 02910
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Thomas M. Ricci		Contact Title Manager	
Street Address Same		City	State Zip
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 Thomas M. Ricci		Manager Name	
Street Address Same		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 RICHARD A. PACIA		Address	
Address 50 POWER ROAD		City PAWTUCKET	Zip 02860-

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



\* 1 1 0 7 4 9 \*

File Date	11/25/02
Check No.	205
By	DA
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

11/30/02  
Date

Thomas M. Ricci

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 110749

Annual Report for the year 2001

1. The name of the limited liability company is:

SCAROLL, L.L.C.

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

PO Box 10476, Cranston, RI 02910

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: RICHARD A. PACIA

50 POWER ROAD PAWTUCKET RI 02860-

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: Thomas M. Ricci

PO Box 10476, Cranston, RI 02910

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: to purchase, sell, manage and invest in real estate

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

Thomas M. Ricci

276 Park Avenue, Cranston, RI 02910

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.

SCAROLL, L.L.C.

Exact Name of Limited Liability Company

By \_\_\_\_\_

[Signature]

Title

FOR SECRETARY OF STATE USE ONLY  
File Date: 9-24-01

Check No.: 153

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 form number has changed, Form 632 must be filed in this office. Forms may be