

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 FORM MUST BE TYP			Filing Fee: \$50.00			
1. ID No. 1.10749	2. Exac	t name of the limited l	labilty company	_	<del></del>	<del></del> -
	10749 SCAROLL, L.L.C. State of Formation [4. Brief description of the character of the business			ness which is actually conducted in	Rhode Island	
RHODE ISLAND				INVEST IN REAL ESTAT		
5. Principal office addi		<u></u>	<u> </u>	City	State	Zip
P.O. BOX 1047				CRANSTON -	RI	02910-
6. MAILING ADD	RESS	OF LIMITED LIA	BILITY COMPANY	AND NAME OR TITLE Of Contact Title	F CONTACT P	ERSON:
THOMAS M RICC	:I			Morages	<u></u>	
Street Address PO BOX 10476				CRANSTON	State RI	Zip 02910-
7. NAME AND AD		FILL IN SPACE	S BEFORE USING AT		R ATTACHMENT)	
	ANY N	IODIFICATIONS TO	VIANAGERS REQUIRES	FILING OF AMENDMENT. R.I.	G.L 7-16-12 (a) (2	2) / 7-16-52
danager Name		I Qirri		• Manuger Name •		
Sircet Address	1-CE	1. Kica	<u> </u>	· Sircet Address		
PoB	m 1	0476		•		
City	<u>~ x_ 1</u>	State	Zip	City	State	Zip
Agaste		J.K.I	105 <i>310</i>			
Munoger Name				*Manuger Name		
Street Address		<del></del> -	<u> </u>	·Street Address	<u>-</u>	<del></del>
		<b>**</b> **		·	1 Farmer	Zip
City		State	Zip	.City	Stote	Lip
8. RESIDENT AGE	NT IN R	HÖDE ISLAND -0	O NOT ALTER- Chang	ges require filing of For	m 642 - R.I.GL	7-16-11
RICHARD A. PA	CIA ES	SO.		50 POWER ROAD, S	SUITE 200	
Address	CIA, L	<del></del>		City		Zıp
				PAWTUCKET		02860-
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This report must h	e siene	dinink by an au	thorized person pur	suant to 7-16-66.		
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	128    181  	84       44    8  8  8   0 7 4 9				
	•					affirm that I have examined
				· · · · · · · · · · · · · · · · · · ·		ng schedules and statements,
*110749 DLLC	10/07/0	5 11:40:06 AM*		and that all statements	s contained hereit	are true and correct.
File Date 1//	\J/_				2 /	11-11
	105				2 /	12///03
Check No. (	ble d			Signuture of Authorized	rerson	Date
Bv:	m			_ / homas	11. Kul	; 
FOR SECRETARY O	E STATE	TICE ONLY	}	Print or Type Name of A	Authorized Person	
FOR SECRETARY O	r SIAIE	USE UNLT				Form 632 Rev.



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

Matthew A. Brown, Secretary of State

Corporations Duvision 100 North Main Street Providence, RI 02903-1335

401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR.

2004

(FORM MUST BE TYPE						
1. 112 No. 110749	2. Exact name of the limited SCAROLL, L.L.C.	name of the limited liability company DLL, L.L.C.				
3. State of Formation RHODE ISLAND  4. Brief description of the character of the busines TO PURCHASE, SELL, MANAGE AND			·			
5. Principal office addr P.O. Box 1	0476		Cranston	State RI	02910	
6. MAILING ADDR	RESS OF LIMITED LIABI	LITY COMPANY AND N	AME OR TITLE OF CONTACT	Γ PERSON:		
Contact Name Thomas M.	Ricci		Contact Title Manager			
Street Address	<del>-</del>		City	State	Zip	
P.O. Box 1			Cranston	RI	. 02910	
	FILL IN SP.	ACES BEFORE USING A	JABILITY COMPANY, IF APE TTACHMENTS ("X" BOX F S FILING OF AMENDMENT, I	OR ATTACHMENT)	□ (2) / 7-16-52	
Manager Name		·	Manager Name	·		
Thomas M.	Ricci					
•			Manager Name Street Address			
Thomas M. Sircel Address		<sup>χφ</sup> 02910		State	Z(p	
Thomas M.  Sircel Address P.O. Box 1  City	0476		Street Address	State	Z(p	
Thomas M.  Sircel Addinss P.O. Box 1  Cuy Cranston	0476		Street Address  City	State	<i>Z</i> (p	
Thomas M.  Sircel Address P.O. Box 1  Cuy Cranston  Manager Name	0476		Street Address  City  Manager Name	State	Z(p Zip	
Thomas M.  Sircet Address P.O. Box 1  Ctty Cranston  Manager Name  Street Address  City	State RI  State State State	7.ψ	Street Address  City:  Manager Name  Street Address	State	Zip	

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



File Date 102704
Check No. D405
ву:
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.

Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

			Filing Fee: \$50	1.00					
FORM MUST BE T	YPED OR PI	INTED IN BLACK	l Habilty company				-		
7. ID No. 110749	SCAF	Exact name of the limited liabilty company CAROLL, L.L.C.  [4. Brief description of the character of the business which is actually conducted in Rhode Island							
3. State of Formation	<u> </u>	4. Brief description	of the character of the	business which is actually conducted	in Khode Island				
RHODE ISLAN	D	TO PURCHASE	, sell, manage	AND INVEST IN REAL EST.		<u> </u>			
5. Principal office address				City	State	Zip			
P.O. BOX 104	476			CRANSTON	RI	02910-			
6 MAILING AD	DRESS (	E LIMITED LI	ABILITY COMPA	NY AND NAME OR TITLE:	OF CONTACT I	ERSON	-128		
Contact Name				Contact Title	•				
THOMAS M RI	CCI								
Street Address				Cliy	State	<i>Zip</i> 02910-			
PO BOX 10476				. CRANSTON	RI		-		
7. NAME AND	DDRESS	OF EACH MA	VACER OF THE I	LIMITED LIABILITY COM	PANYTEAPPL	CABLE TRACE	1874		
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	ANY M	ODIFICATIONS TO	MANAGERS REQU	IRES FILING OF AMENDMENT,	LI.G.L 7-16-12 (a)	2) 7-16-52 (19.3.17.14.	T. Carrie		
Manager Name	han	ias M.	Ricci	• Manager Nume •					
Street Address		<u> </u>	. (1 1 7 9 0	· Street Address	· Street Address				
247(27)	Sa	me		•					
Ciry		State	Zip	City	State	Zip			
Manager Name	• • • •	J		Manager Name	l				
Street Address				Sireci Address	-	<u> </u>			
				•					
City		Sivie	Zip	.City	State	Zip			
8'RESIDENT AC	SENT IN R	HODE ISLAND	DO NOT ALTER- CI	nangos require filing of F	orm 642; B.I.G	LITE GET THE VALUE OF	e de la la constant		
Agent Name			** * <del>*********************************</del>	Address		***			
RICHARD A. F	PACIA			50 POWER ROAD					
Address				City		Zip			
			PAWTUCKET	. 02860-					
				•					

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

*110749 E	DLLC 10/98/08 09-817 PM*
File Date	
Check No	OCT 1 4 2003
Ву:	By 270 GAM
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.

Signature of Authorized Person L.

Print or Type Name of Authorized Person

Form 632 Rev. 6/02



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) 2. Exact name of the limited liabilty company I. ID No. 110749 SCAROLL, L.L.C. 3. State of Formation 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 **RHODE ISLAND** State S. Principal office address City 02910 RI Cranston P.O. Box 10476 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Thomas M. Ricci Manager Street Address State Zip Same 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 Thomas M. Ricci Sireci Address Same \* Street Address State Zip State Zip Manager Name Manager Name ·Street Address Street Address Zio City State 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 gent Name RICHARD A. PACIA Address Zip

**PAWTUCKET** 

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



File Date 11 25 02

Check No. 205

By: DA

FOR SECRETARY OF STATE USE ONLY

**50 POWER ROAD** 

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.

02860-

Signature of Authorized Person 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

## **≪∑>** s

## LIMITED LIABILITY COMPANY

D	Number DLLC 110749	Annual Report for the year 2001				
1.	The name of the limited liability compa	y 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.	- CIA CIA CONTRACTOR DICHARD A PACIA					
	50 POWER ROAD PAWTUCKET RI	2860				
5.	the same or title of a person to whom communication					
	may be directed are: Thom	as M. Ricci				
	PO E	ox 10476, Cranston, RI 02910				
6.		the business in which the limited liability company is actually engaged in th				
7.		agers, the name and address of each manager of the limited liability company  Address				
	Thomas M. Ricci	276 Park Avenue, Cranston, RI 02910				
Ď	ated	Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, at that all statements contained herein are true and correct.  SCAROLL, L.L.C.  Exact Name of Limited Liability Company				
Fil	FOR SECRETARY OF STATE USE ONLY le Date: 7-24-01	By Manual Control of the Control of				
Cł	neck No.: /J3	Title Form No. 632				
В	y: Z	Revised 01/99				