



**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. 125547		2. Exact name of the limited liability company VVO REAL ESTATE HOLDING, 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 HOLDING COMPANY			
5. Principal office address WATER STREET, P.O. BOX 280			City NEW SHOREHAM	State RI	Zip 02807-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MICHAEL FINNIMORE			Contact Title		
Street Address WATER STREET, P.O. BOX 280			City NEW SHOREHAM	State RI	Zip 02807-
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			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.G.L. 7-16-11					
Agent Name GEORGE A. COMOLLI, ESQ.			Address 15 FRANKLIN STREET		
Address Comolli & LaMountain, Ltd.			City WESTERLY	Zip 02891-	

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



1 2 5 5 4 7

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.

\*125547 DLLC 09/07/05 09:29:21 AM\*

File Date 9/14/05

Check No. 1217

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature] 9/14/05  
Signature of Authorized Person Date

Michael Finnimore  
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. 125547		2. Exact name of the limited liability company VVO REAL ESTATE HOLDING, 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 HOLDING COMPANY			
5. Principal office address WATER STREET, P.O. BOX 280		City NEW SHOREHAM	State RI	Zip 02807-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MICHAEL FINNIMORE			Contact Title		
Street Address WATER STREET, P.O. BOX 280		City NEW SHOREHAM	State RI	Zip 02807-	
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		*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.G.L. 7-16-11					
Agent Name GEORGE A. COMOLLI, ESQ.			Address 15 FRANKLIN STREET		
Address COMOLLI & LaMOUNTAIN, LTD.		City WESTERLY	Zip 02891-		

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



1 2 5 5 4 7

\*125547 DLLC 09/07/04 03:45:02 PM\*  
File Date 9/23/04  
Check No. 1186  
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] 9/21/04  
Signature of Authorized Person Date

Michael Finnimore  
Print or Type Name of Authorized Person



**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. <b>125547</b>		2. Exact name of the limited liability company <b>VVO REAL ESTATE HOLDING, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Real estate holding company</b>	
5. Principal office address <b>WATER STREET, P.O. BOX 280</b>		City <b>NEW SHOREHAM</b>	State <b>RI</b>
		Zip <b>02807-</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Michael Finnimore</b>		Contact Title .	
Street Address <b>Water Street</b>		City <b>New Shoreham</b>	State <b>RI</b>
		Zip <b>02807</b>	
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 .		Manager Name .	
Street Address .		Street Address .	
City .	State .	City .	State .
Zip .	City .	State .	Zip .
Manager Name .		Manager Name .	
Street Address .		Street Address .	
City .	State .	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 <b>GEORGE A. COMOLLI, ESQ.</b>		Address <b>15 FRANKLIN STREET</b>	
Address .		City <b>WESTERLY</b>	Zip <b>02891</b>

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

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.

 9/23/03  
Signature of Authorized Person Date

**Michael Finnimore**  
Print or Type Name of Authorized Person

*125547 DLLC 09/15/03 11:18:07 AM*
File Date <u>9-25-03</u>
Check No. <u>1139</u>
By: <u>Mc</u>
FOR SECRETARY OF STATE USE ONLY