



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. 121850		2. Exact name of the limited liability company Coelho Management Company, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO MANAGE DAILY OPERATIONS OF THE CMC RETAIL OPERATING LIMITED PARTNERSHIP AND THE CMC FAMILY LIMITED PARTNERSHIP	
5. Principal office address 50 BERRY LANE		City BRISTOL	State RI
		Zip 02809-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CHARLES COELHO		Contact Title MANAGER	
Street Address 50 BERRY LANE		City BRISTOL	State RI
		Zip 02809-	
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) / 7-16-82			
Manager Name CHARLES COELHO		*Manager Name JONATHAN COELHO	
Street Address 50 BERRY LANE		*Street Address 50 BERRY LANE	
City BRISTOL	State RI	Zip 02809	*City BRISTOL
			*State RI
			*Zip 02809
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 DAVID DIPALMA, ESQ.		Address 138 WARREN AVENUE	
Address		City EAST PROVIDENCE	Zip 02914-

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



1 2 1 8 5 0

121850 DLLC 10/10/05 10:30:25 AM

File Date 11/11/05

Check No. 5637

By: [Signature]

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] 10/18/05
Signature of Authorized Person Date

CHARLES COELHO
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. 121850		2. Exact name of the limited liability company Coelho Management Company, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island To manage daily operations of the CMC Retail Operating Limited Partnership and the CMC Family Limited partnership.	
5. Principal office address 50 BERRY LANE		City BRISTOL	State RI
		Zip 02809-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Charles Coelho		Contact Title operating member/manager	
Street Address 50 Berry Lane		City Bristol	State RI
		Zip 02809	
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 Charles Coelho		Manager Name Jonathan Coelho	
Street Address 50 Berry Lane		Street Address 50 Berry Lane	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
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 DAVID DIPALMA, ESQ.		Address 138 WARREN AVENUE	
Address		City EAST PROVIDENCE	Zip 02914-

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



1 2 1 8 5 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.

Charles Coelho 10/14/04
Signature of Authorized Person Date

Charles Coelho
Print or Type Name of Authorized Person

121850 DLLC 10/04/04 01:26:31 PM
File Date <u>11/4/04</u>
Check No. <u>5958</u>
By: <u>CS</u>
FOR SECRETARY OF STATE USE ONLY



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. 121850		2. Exact name of the limited liability company Coelho Management Company, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island To manage daily operations of the CMC Retail Operating Limited Partnership and the CMC Family Limited partnership			
5. Principal office address 50 BERRY LANE			City BRISTOL	State RI	Zip 02809-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Charles Coelho			Contact Title operating member/manager		
Street Address 50 Berry Lane			City Bristol	State RI	Zip 02809
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 CHARLES COELHO			Manager Name MARY ANGEL COELHO		
Street Address 50 BERRY LANE			Street Address 50 BERY LANE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Manager Name JONATHAN COELHO			Manager Name		
Street Address 50 BERRY LANE			Street Address		
City BRISTOL	State RI	Zip 02809	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 DAVID DIPALMA, ESQ.			Address 138 WARREN AVENUE		
Address			City EAST PROVIDENCE	Zip 02914-	

FILED

OCT 22 2004
By Charles Coelho

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



1 2 1 8 5 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.

Charles Coelho 10/20/04
Signature of Authorized Person Date

CHARLES COELHO
Print or Type Name of Authorized Person

121850 DLLC 10/14/04 12:15:22 PM

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY



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. *121850*		2. Exact name of the limited liability company Coelho Management Company, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO MANAGE DAILY OPERATIONS OF THE CMC RETAIL OPERATING LIMITED PARTNERSHIP AND THE CMC FAMILY LIMITED PARTNERSHIP.			
5. Principal office address 50 BERRY LANE			City BRISTOL	State RI	Zip 02809-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name CHARLES COELHO			Contact Title OPERATING MEMBER/MANAGER		
Street Address 50 BERRY LANE			City BRISTOL	State RI	Zip 02809
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 CHARLES COELHO		Manager Name MARY ANGEL COELHO			
Street Address 50 BERRY LANE		Street Address 50 BERRY LANE			
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Manager Name JONATHAN COELHO		Manager Name			
Street Address 50 BERRY LANE		Street Address			
City BRISTOL	State RI	Zip 02809	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 DAVID DIPALMA, ESQ.			Address 138 WARREN AVENUE		
Address			City EAST PROVIDENCE	Zip 02914-	

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



* 1 2 1 8 5 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.

**121850* 2/24/032:44:13 PM*

File Date 4-5-03

Check No. 727

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature] 3/13/03
Signature of Authorized Person Date

CHARLES COELHO
Print or Type Name of Authorized Person