



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 02903-1333  
 401.222.3044

**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. 133350	2. Exact name of the limited liability company Town & Country Plaza, LLC
---------------------	---

3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTING IN REAL AND PERSONAL PROPERTY, PURCHASE MONEY MORTGAGES, FUNDING OF CERTAIN REAL ESTATE PROJECTS
---------------------------------------	---

5. Principal office address 75 Lake Garden Drive	City Cranston	State RI	Zip 02920
---	------------------	-------------	--------------

**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON**

Contact Name Gary J. DiRaimo	Contact Title
---------------------------------	---------------

Street Address 75 Lake Garden Drive	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 ( )  
 ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name Gary J. DiRaimo	Manager Name
---------------------------------	--------------

Street Address 75 Lake Garden Drive	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 ROBERT A. RAGOSTA, ESQ.	Address
---------------------------------------	---------

Address 481 ATWOOD AVENUE	City CRANSTON	Zip 02920
------------------------------	------------------	--------------

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



File Date: 9/26/05 133350  
 Check No. 0607  
 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] Date: 9-6-05  
 Signature of Authorized Person

GARY J. DIRAIMO  
 Print or Type Name of Authorized Person



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: See Form 100 Filing Fee: \$50.00

FORM MUST BE TYPED OR PRINTED IN BLACK

1. ID No <b>133350</b>		2. Exact name of the limited liability company <b>Town &amp; Country Plaza, 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 Investing in real and personal property, purchase money mortgages, funding of certain real estate projects	
5. Principal office address <b>75 Lake Garden Drive</b>		City <b>Cranston</b>	State <b>RI</b>
		Zip <b>02920</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Gary J. DiRaimo</b>		Contact Title <b>Manager</b>	
Street Address <b>75 Lake Garden Drive</b>		City <b>Cranston</b>	State <b>RI</b>
		Zip <b>02920</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 <b>Gary J. DiRaimo</b>		Manager Name	
Street Address <b>75 Lake Garden Drive</b>		Street Address	
City <b>Cranston</b>	State <b>RI</b>	City	State
Zip <b>02920</b>		City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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			
Agent Name <b>ROBERT A. RAGOSTA, ESQ.</b>		Address	
Address <b>481 Atwood Avenue</b>		City <b>Cranston</b>	Zip <b>02920</b>

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



\* 1 3 3 3 5 0 \*

File Date	<b>1/20/05</b>
Check No.	<b>434</b>
by:	<b>DA</b>
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]*  
Signature of Authorized Person  
Date **12-29-04**  
**Gary J. DiRaimo**  
Print or Type Name of Authorized Person

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
JAN 20 AM 10:18