



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

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. 128651		2. Exact name of the limited liability company Ahlborg Building Management LLC*	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROPERTY MANAGEMENT	
5. Principal office address 33 College Hill Road, Suite 15A		City Warwick,	State RI
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Anthony Ventetuolo, Jr.		Contact Title CHIEF OPERATING OFFICER	
Street Address Same as above		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) <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 AUCORE Management, LLC		Manager Name	
Street Address 33 College Hill Road, S15A		Street Address	
City Warwick	State RI	City	State
Zip 02886		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 CHRISTOPHER M. ORTON, ESQ.		Address	
Address 20 CENTERVILLE ROAD		City WARWICK	Zip 02886-

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



File Date	11/18/05	*128651*
Check No.	1873	
By:		
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.

9-12-05
Signature of Authorized Person Date
Anthony Ventetuolo, Jr.
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
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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. 128651		2. Exact name of the limited liability company Ahlborg Building Management LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROPERTY MANAGEMENT	
5. Principal office address 33 College Hill Road, Suite 15-A		City Warwick	State RI
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Anthony Ventetuolo, Jr.		Contact Title CHIEF OPERATING OFFICER President/Manager	
Street Address same as above		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) <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 Anthony Ventetuolo, Jr.		Manager Name	
Street Address same as above		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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 CHRISTOPHER W. ORTON, ESQ		Address	
Address 20 CENTERVILLE ROAD		City WARWICK	Zip 02886-

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



* 1 2 8 6 5 1 *

File Date	11/23/04
Check No.	1493
By:	101
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 **Anthony Ventetuolo, Jr.** Date **10-1-04**
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. 128651		2. Exact name of the limited liability company Ahlborg Building Management LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROPERTY MANAGEMENT	
5. Principal office address 33 COLLEGE HILL ROAD, SUITE 15A		City WARWICK	State RI
		Zip 02886-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ANTHONY VENTETUOLO, JR.		Contact Title PRESIDENT	
Street Address 33 COLLEGE HILL ROAD SUITE 15A		City WARWICK	State RI
		Zip 02886	
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 AVCORR MANAGEMENT LLC		Manager Name	
Street Address 33 COLLEGE HILL ROAD, SUITE 15A		Street Address	
City WARWICK	State RI	City	State
Zip 02886		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 FRANCIS X. FLAHERTY		Address 20 CENTERVILLE ROAD	
Address		City WARWICK	Zip 02886-

RECEIVED
SECRETARY OF STATE
OCT 28 11 51 AM '03

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



1 2 8 6 5 1

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

Anthony Ventetuolo, Jr.
Print or Type Name of Authorized Person

128651 DLLC 03 OCT 28 03 05 PM
FILED
File Date OCT 28 2003
Check No. By [Signature] GM
By: [Signature]
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