

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

Matthew A. Brown, Secretary of State

100 rons some ones: Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2005

(FORM MUST BE TYPED			rung ree: \$50.00					
1. ID No.	_	2. Exact name of the limited liability company						
128651	Ahlbor	Ahlborg Building Management LLC						
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island							
RHODE ISLAND PROPERTY MANAGEMENT								
5. Principal office address				City	State	Zip		
33 College Hill Road, Suite 15A 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME			Warwick,	Warwick, RI 02886 E OR TITLE OF CONTACT PERSON:				
Contact Name	hony	Ventetuolo,	Jr.	Contact Title CHI	EF OPERATIO	UG OFFICER		
Street Address Same	as a	bove		City	State	Ζţp		
ANY	MODII	FILL IN SPACES	BEFORE USING ATT IAGERS REQUIRES F	BILITY COMPANY, IF ACHMENTS ("X" BO TILING OF AMENDMEN Manager Name	X FOR ATTACHMENT	7)		
Street Address 33 Colleg	e Hi]	ll Road, S1	5A	Street Address				
City Warwick		State RI	^{Zip} 02886	City	State	Zip		
Manager Name	••••••	·····		Manager Name	Sianager Name			
Street Address				Street Address				
City		State	Zip	City	State	Zip		
8. RESIDENT AGENT Agent Name CHRISTOPHER M. OR			NOT ALTER - Change	es require filing of Fo	orm 642 - R.I.G.L. 7-1	6-11		
Address			City		Zip			
20 CENTERVILLE ROAD			WARWICK	02886-				
								

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

File Date _// //	105	*128651*	-
Check No. 187	3		_
Ву:	D		-
FOR SECRETA	ARY OF STAT	E USE ONLY	- 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 Aythorized Person

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 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.	2. Exact name of the limited liability company						
128651	Ahlborg Building Management LLC						
3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island							
RHODE ISLAND PROPERTY MANAGEMENT							
5. Principal office address				City	State		Zip
33 College	Hill	. Road, Sui	te 15-A	Warwick	RI		02886
6. MAILING ADDRES	S OF LI	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERS	SON:	. •	1 02000
Contact Name Anthony Ventetuolo, Jr.			Contact Title CHIEF CREEATING OFFICER President/Manager				
Street Address	as ab	ove		City	State		Zip
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABI FILL IN SPACES BEFORE USING ATTAC ANY MODIFICATIONS TO MANAGERS REQUIRES FIL Manager Name Anthony Ventetuolo, Jr.			ILITY COMPANY, IF APPLICABLE CHMENTS ("X" BOX FOR ATTACHMENT) LING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name				
				<u> </u>			
Street Address Same	as al	ove		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 Agent Name CHRISTOPHER IN ORTON FSO			require filing of Form 642 - Address	R.I.G.L. 7-1	6-11.	eran rata i i i i i i i i i i i i i i i i i i	
Address				City	Zlp		
20 CENTERVILLE ROAD			WARWICK	02886			

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

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File Dat	e	43/84	
Check N	. 14	93	
Ву:		<u>Di</u>	
	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

Anthony Ventetuolo, Jr.

Print or Type Name of Authorized Person



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: Septe			Filing Fee: \$50.00				•
(FORM MUST BE TYPE							
1. ID No. 128651		name of the limited lia rg Building Manag	jement LLC				
3. State of Formation		4. Brief description of t	he character of the busin	ess which is actually conducte	ed in Rhode Island		_
RHODE ISLAND			Y MANAG				
5. Principal office addre 33 COLLEGE HII		D, SUITE 15A		City WARWICK	State RI	Zip 02886-	
ANTHONY VENTI			LITY COMPANY	Contact Title PRESIDENT	OF CONTACT F	ERSON:	
Street Address 33 COLLEGE H	LL Ř	DAD SUITE 15	iA ·	City WARWICK	State RI	Zip 02886	
7. NAME AND ADI		FILL IN SPACES	BEFORE USING ATT	FILING OF AMENDMENT.	FOR ATTACHMENT	· 🗖	
AVCORR MANAGE	EMENT	LLC		• Manager Name •		128 A.	ر ا
Street Address 33 COLLEGE HI	LL RO	OAD, SUITE 15	 A	• Street Address		1000	2
City WARWICK		State RI	Zip 02886	*City	State Zip 🖸		
Manager Name	••••	•••••		Manager Name	• • • • • • • • • •		7
Street Address				·Street Address		<u> </u>	
City		State	Zip	City	State	Zip	
8. RESIDENT AGEN Agent Name	T IN RI	ODE ISLAND -DO	NOT ALTER- Chang	es require filing of f	orm 642 - R.I.GI	. 7-16-11	
FRANCIS X. FLAH	HERTY			Address 20 CENTERVILLI	ROAD		
Address			City	Zip		_	
				WARWICK	02886-		
					-		

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



128651 D	LLC 0:445/(3 (8. 42;)5 PM]
File Date			
Check No.	OCT 28 2003		
By:	By M103102	(MO
	ARY 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 Date

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