

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 2005

(FORM MUST BE TYPI I. ID No.			· ,			······································				
110353		incoln Ave F	•							
3. State of Formation			-	business which is actually conducted in Rh	ode Island					
RHODE ISLAND		RBAL ESTA	TE							
5. Principal office addre	' 35			City	7.ip					
273 GREAT ROA	D/RQL	AND BOUCH	ER	NORTH SMITHFIELD	RI	02896-				
6. MAILING ADDI	RESS C	FLIMITED	LIABILITY COMPA	Y AND NAME OR TITLE OF	CONTACT	PERSON:				
Contact Name				Contact Title		<u>.</u>				
RONALD M BOUC	HER			.CPA						
Street Address				City:	State	Zip				
273 GREAT ROAL)			.NORTH SMITHFIELD	RI	02896-				
7. NAME AND ADI		FILL IN S	PACES BEFORE USING	IMITED LIABILITY COMPAN ATTACHMENTS ("X" BOX FOR A RES FILING OF AMENDMENT, R.I.G.	TTACHMEN	תים תי	1			
Munager Name			*	· Manager Name	· · · · · · · · · · · · · · · · · · ·		····			
Farmington Inv	vestme	ent Group,	LLC	•	•					
Street Address				· Street Address						
c/o Roland M.	Bouch	ner, 273 (Great Road	•						
City		State	Zip	°City	State	Zip				
North Smithfie	eld	RI	02896	:						
Manager Name				Manager Name	•••••	• • • • • • • • • • •	• • • •			
Street Address				· Street Address						
City		State		City	16	17/0				
cu,		O'GIC	Ζιρ	·	State	Zip				
8. RESIDENT AGEN	TINR	HODE ISLAN	D-DO NOT ALTER- Ch	anges require filing of Form	642 - R.I.G	L. 7-16-11				
Agent Name		,		Address		····				
JON A. MILLS, ESQ.				222 JEFFERSON BOULEVARD						
Address				City Zip		Zip	ip			
				WARWICK 02888-						
						<u></u>				

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

110353	DLLC 08/30/05 10:20:45 AM
File Date	9/24/05
Check No	3446
8 <u>y:</u>	mo
CON SECON	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

9/20/05

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 2004

Filing Period: Septer	nber I	November 1	 Filing Fee: \$50 	0.00	111E 1	EAR	-			
(FORM MUST BE TYPE	D OR PR	INTED IN BLAC	K) ed liabilty company		 .					
110353		ncoln Ave Re								
3 State of Formation		4 Brief descriptio	n of the character of the	business which is actually conducted in Rho	de Island					
RHODE ISLAND		REAL ESTATE			THE PARTIES					
5 Principal office address			Cuy	State	Zıp					
c/o Roland Boucher, 273 GREAT ROAD				NORTH SMITHFIELD	Rl	02896-				
6. MAILING ADDR	reșs o	F LIMITED Į.	ABILITY COMPA	NY AND NAME OR TITLE OF C	ONTACT I	PERSON:				
RONALD M. BOUG	CHER			Contact Title						
Street Address			<u> </u>	CPA						
273 GREAT ROAD	1			Cus	State	Zip				
]				.NORTH SMITHFIELD	RI	. 02896-				
7. NAME AND ADD	IKESS (OF EACH MA	NAGER OF THE I	IMITED LIABILITY COMPANY	, IF APPL	ICABLE.				
	ANY MC		CES BEFORE USING		TACHMENT) []				
Manager Name	AIL! IIIC	DIFICATIONS I	O MANAGERS REQUI	RES FILING OF AMENDMENT. R.I.G.L	7-16-12 (a) ((2) / 7-16-52				
				• Manager Name						
Farmington Inv	estme	nt Group,	LILC	<u> </u>						
		- -		Succet Address						
c/c Roland M.	Bouch			• <u></u>						
North Smithfie	.: a	State RI	Zφ 02896	*City	State	Zip				
Manager Name	···	* * * * * * * * * * * * * * * * * * * *		• • • • • • • • • • • • • • • • • • • •	.					
The state of the s				*Manager Name			• • •			
Street Address			·	•		<u></u>				
				•Street Address						
Cit)		State	Zip	City	State					
			'	•	Jane	Zip				
8. RESIDENT AGEN	T IN RE	IODE ISLAND	DO NOT ALTER CH	anges require filing of Form	 					
Igent Name		· · · · · · · · · · · · · · · · ·	TO NOT ALLEAST	Address	042 - R.I.(\$1	1 7-16-11				
JON A. MILLS, ES	SO									
Address				222 JEFFERSON BOUI	EVARD					
, , , , , , , , , , , , , , , , , , ,				Cup		Zip				
				WARWICK		02888-				
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This report must be	signed	in ink by an i	mithorized person j	pursuant to 7-16-66. SFF	13 20	IUT				
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				Under penalty of perjury,	I declare and	l affirm that I have examined				
*110353 DLLC 09	100104	00:00:00 DL 11		and that all statements co	accompanyir	ng schedules and statements,				
							<u>-</u>			
File Date			_		invest	ment Group, LLO	<u>.</u> .			
				By	ME	Lucher				
Check No.			-	Signature of Authority of Per.	ion	Date				
. B _V .				By:						
·			-	Print or Type Name of Auth	orized Person					
FOR SECRETARY OF	STATE U	SE ONLY		,		Form 632 Re	ev 6:02			



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR	2003
Filing Period: September 1 - November 1 • Filing Fee: \$50.00	

iling Period: Sep	tember 1-	- November 1	Filing Fee: \$50.	uu		
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1. <i>ID No.</i> 110353		incoln Ave R	•			
3. State of Formation	<u> </u>	4. Brief descript	tion of the character of the b	nisiness which is actually conducted in Rh	ode Island	
RHODE ISLAND)	REAL ESTA	ΓE			
5. Principal office add		ND BOUCUE		City NORTH SMITHFIELD	Zip 02896-	
273 GREAT RO	•				RI	
6. MAILING ADI Contact Name ROLAND M BOU	•	FLIMITED	FIYBILITA COMBAN	Contact Title MGR	CONTACT P	ERSON:
Street Address			 -	City	State	Ζίρ
273 GREAT RO	AD			NORTH SMITHFIELD	RI	02896-
Janoger Name	ANY M	DDIFICATIONS	TO MANAGERS REQUI	RES FILING OF AMENDMENT. R.I.G. • Manager Name	L 7-16-12 (a) (2	2) / 7-16-52
••			_	• Manager Name •		
Farmington I	nvestme	ent Group,	LLC	-		
Sircei Address				*Sireci Address		
c/o Roland M	. Bouch			•	State	Zip
City		State	Zip	•City·	Siare	2.φ
North Smithf Manager Name		JRI	02896	*Munager Name	. l	 .
Street Address	-		-	• Sirvet Address	_	
					State	17in
City		State	Zip	City	Siate	Zip
•	ENT IN R			anges require filing of Form		
8. RESIDENT AG	ENT IN R			anges require filing of Form	642 - R.I.G.L	7-16-11
8. RESIDENT AG	ENT IN R			anges require filing of Form	642 - R.I.G.L	

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



*110353 DLLC 0		
File Date	30	03
Check No.	62	- 7
B <u>y:</u>	DA	
FOR SECRETARY O	F 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.

Stephen A. Cardi, Treasurer
Print or Type Name of Authorized Person



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1997			•	00			
(FORM MUST BE TYPE	2. Exac	t name of the limited	liabilty company		<u> </u>		
110353	421 L	incoln Ave Real	• '				
3. State of Formation		4. Brief description REAL ESTATE	of the character of the i	business which is actually conducted in F	thode Island		
RHODE ISLAND		REAL ESTATE					
5. Principal office addre 273 GREAT ROAI		AND POLICUED		City NORTH SMITHFIELD	Zip 02896-		
					RI		
	RESS C	OF LIMITED LIA	BILITY COMPA	NY AND NAME OR TITLE OF	CONTACT	PERSON:	
Contact Name RONALD M BOUCE	155			Contact Title			
	IEK						
Street Address 273 GREAT ROAD				City	State	Zip	
				.NORTH SMITHFIELD	RI	02896-	
7. NAME AND ADI	RESS			IMITED LIABILITY COMPA			
			ES BEFORE USING			· -	
	ANY M	ODIFICATIONS TO	MANAGERS REQUI	RES FILING OF AMENDMENT. R.I.G	i.L 7-16-12 (a)	(2) / 7-16-52	
Manager Name				•Manager Name			
Farmington Inv	estme	ent Group, L	LC	•			
Street Address				• Street Address			
c/o Roland M.	Bouch	ner, 273 Gre	at Road	•			
City		State	Zip	*City	State	Zip	
North Smithfie	eld	RI	02896	•			
Manager Name	• • •	•••••	• • • • • • • • •	Manager Name			
Street Address				·Street Address	_		
715		11:		`			
City		State	Zip	City	State		
8. RESIDENT AGEN	TINR	HODE ISLAND -	OO NOT ALTER- Ch	anges require filing of Forn	1 642 · R.I.G.	L. 7-16-11 (_	
Agent Name				Address			
JON A. MILLS				222 JEFFERSON BOULEVARD CO			
Address				City	Zip C3 : 1.33		
				WARWICK		02888==================================	
						80. Fire	
						_	

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

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By:	
FOR SECRETARY OF STATE	USE UNLY

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.

Roland M. Boucher
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

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Annual Report for the year 2001

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1.	The name of the limited liability company is:
	421 Lincoln Ave Realty, LLC
2.	The address of the principal office of the limited liability company is:
	c/o Roland M. Boucher, CPA 273 Great Road, North Smithfield, RI 02896
3.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident agent is: JON A. MILLS
	222 JEFFERSON BOULEVARD WARWICK RI 02888-
5.	The current mailing address of the limited liability company and the name or title of a person to whom communications
	may be directed are: _c/o Roland M. Boucher, CPA 273 Great Road, North Smithfield, RI 02896
	Roland M. Boucher, CPA
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in this
	state: <u>real estate</u>
7.	If the limited liability company has managers, the name and address of each manager of the limited liability company
	Name Address
	Farmington Investment Group, LLC c/o Roland M. Boucher, CPA
	273 Great Road, North Smithfield, RI 02896
Da	ted / v / 2 c / v / 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.
	421 Lincoln Ave Realty, LLC
	Exact Name of Limited Liability Company
	FOR SECRETARY OF STATE USE ONLY Date: By Robust Control of State Use only
	ck No.: OCT 30 2001 10 1 S Parmington Investment Group, LIC Roland M. Boucher, CPA Cypn attack Manager
	By Oc 413 Form No. 632
Ву:	Revised 01/99

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