



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 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 125953		2. Exact name of the limited liability company 65 PAVILION LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASING, LEASING AND SALE OF REAL ESTATE	
5. Principal office address 66 PAVILION AVENUE		City PROVIDENCE	State RI
		Zip 02905-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DAVID L PICCOLI		Contact Title .	
Street Address 66 PAVILION AVENUE		City PROVIDENCE	State RI
		Zip 02905-	
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 DAVID LUCA PICCOLI		Manager Name .	
Street Address 66 PAVILION AVE.		Street Address .	
City PROVIDENCE	State RI	City .	State .
Zip 02905		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 STEPHEN C. MACKIE, ESQ.		Address 681 SMITH STREET	
Address .		City PROVIDENCE	Zip 02908-

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



1 2 5 9 5 3

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

David L. Piccoli

Print or Type Name of Authorized Person

125953 DLLC 08/30/05 11:32:30 AM

File Date

11/23

Check No.

101344

By:

FOR SECRETARY OF STATE USE ONLY



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
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2004

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 125953		2. Exact name of the limited liability company 65 PAVILION LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASING, LEASING AND SALE OF REAL ESTATE AND ANY OTHER LAWFUL PURPOSE.	
5. Principal office address 66 Pavilion Avenue		City Providence	State RI
			Zip 02905
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name David L. Piccoli, Sr.		Contact Title	
Street Address 66 Pavilion Avenue		City Providence	State RI
			Zip 02905
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 David L. Piccoli, Sr.		Manager Name	
Street Address 66 Pavilion Avenue		Street Address	
City Providence	State RI	City	State
	Zip 02905		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 STEPHEN C. MACKIE, ESQ.		Address	
Address 681 SMITH STREET		City PROVIDENCE	Zip 02908

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



* 1 2 5 9 5 3 *

File Date	11/1/04
Check No.	1134
By:	DA
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 Date 10/28/04

David L. Piccoli, Sr., Manager
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 125953		2 Exact name of the limited liability company 65 PAVILION LLC.	
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island Purchasing, leasing and sale of real estate and any other lawful purpose.	
5 Principal office address 66 Pavilion Avenue		City Providence	State RI
		Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name David L. Piccoli, Sr.		Contact Title	
Street Address 66 Pavilion Avenue		City Warwick	State RI
		Zip 02905	
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 David L. Piccoli, Sr.		Manager Name	
Street Address 66 Pavilion Avenue		Street Address	
City Providence	State RI	City	State
Zip 02905		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 STEPHEN C. MACKIE, ESQ.		Address	
Address 681 SMITH STREET		City PROVIDENCE	Zip 02908

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



* 1 2 5 9 5 3 *

File Date	12/9/03
Check No.	001154
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

David L. Piccoli, Sr. **11-3-03**
Signature of Authorized Person Date
David L. Piccoli, Sr.
Print or Type Name of Authorized Person