

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 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						
1. ID No. 125953		name of the limited liabilty company VILION LLC.				
3. State of Formatio	n	4. Brief description o	f the character of the bustn	ess which is actually conducted	in Rhode Island	<u>.</u>
RHODE ISLAND PURCHASING, LEASING AND SA		LEASING AND SALE	LE OF REAL ESTATE			
5. Principal office of	address	<u> </u>	•	City	State	Zip
66 PAVILION AVENUE				PROVIDENCE	RI	02905-
6. MAILING A	DDRESS O	F LIMITED LIA	BILITY COMPANY	AND NAME OR TITLE	OF CONTACT	PERSON:
Contact Name			Contact Title			
DAVID L PIO	COLI			•		
Street Address	ireet Address			City	State	Zip
66 PAVILION	AVENUE			. PROVIDENCE	RI	02905-
7. NAME AND	ADDRESS	OF EACH MAN	AGER OF THE LIMI	TED LIABILITY COM	PANY, IF APPL	ICABLE
		FILL IN SPACE	ES BEFORE USING ATT	ACHMENTS ("X" BOX F	OR ATTACHMENT	n 🗆
	ANY M	DIFICATIONS TO	MANAGERS REQUIRES	FILING OF AMENDMENT. R	R.I.G.L 7-16-12 (a)	(2) / 7-16-52
Manager Name		0		• Manager Name		
DAVID	LUCA	FICCOL	. 1	•	•	
Street Address		. ^	<u> </u>	Street Address		
66 PA1	JILION) AVE.		•		
PROVIE	ENCE	PICCOL AVE.	Zip 02905	City	State	Zip
		# • • • • • • • • • •	, ala a a " a", a' a a a ,	Manager Name	• • • • • • • •	
Manager Name				• Minimiker remite		
Manager Name Street Address				• Street Address	<u> </u>	
Manager Name				• "		
Manager Name Sireet Address		State	Zip	• "	State	Zip
Manager Name Sireet Address City	GENT IN R			Street Address City		
Manager Name Sireet Address City: 8. RESIDENT A	GENT IN R			• Street Address		
Manager Name Sireet Address City: 8. RESIDENT A		HODE ISLAND -D		Street Address City Page 15 Control of Formatter Control of Control	orm 642 - R.I.G	
Manager Name Street Address City 8. RESIDENT A Agent Name		HODE ISLAND -D		Street Address City Lity Address	orm 642 - R.I.G	
Manager Name Sireet Address City 8. RESIDENT A Agent Name STEPHEN C.		HODE ISLAND -D		Sireei Address City City Address 681 SMITH STRE	orm 642 - R.I.G	L. 7-16-11

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



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	RY OF STATE U

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

David L. Piccoli

Print or Type Name of Authorized Person



STALL 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

2004

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR.

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2. Exact name of the limited 65 PAVILION LLC.	llahility company				
	ct name of the limited liability company AVILION LLC.				
4. Brief description PURCHASING	of the character of the husines, LEASING AND SALE OF	which is actually conducted in Rhode Island REAL ESTATE AND ANY OTHER LAWFUL PURPOSE.			
5. Principal office address			State	_	Zip
66 Pavilion Avenue			RI.		02905
	ITY COMPANY AND NA	ME OR TITLE OF CONTACT P	ERSON:		
		City	State		Zip
Avenue		Providence	RI		02905
FILL IN SPA MODIFICATIONS TO	CES BEFORE USING AT	TACHMENTS ("X" BOX FOR	ATTACHMENT		-52
		Street Address			
State RI	<i>2φ</i> 02905	Clly	State		Zip
		Manager Name			
· <u>-</u>		Street Address		· -	
State	<i>7.</i> φ	City	State	<u> </u>	Zip
	DO NOT ALTER - Chan	ges require filing of Form 64 Address	2 - R.I.G.L. 7-1	16-11	
		City PROVIDENCE		Zip 02908-	
	Avenue ccoli, Sr. Avenue ess of Each Manag fill in Spa Modifications to ccoli, Sr. Avenue State State	Avenue ccoli, Sr. Avenue ess of each manager of the limited limited limited limited limited limited by modifications to managers requires ccoli, Sr. Avenue State RI 249 Cin Rhode Island - Do not alter - Changers Control of the limited	Avenue Sof Limited Liability Company and Name or Title of Contact Place of Contact Place Cooli, Sr. City Providence State S	Avenue Sof Limited Liability Company and Name OR TITLE OF CONTACT PERSON: Cooli, Sr. City Providence RI City State Providence RI State FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT of Modifications to Managers Requires Filling of Amendment, R.I.G.L. 7-16-12 (and Manager Name) Cooli, Sr. Street Address State RI O2905 Manager Name State City State City State City State RI O2905 Manager Name Street Address Street Address Street Address To RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-1 Address ESQ. Gity	Avenue Sof Limited Liability Company and Name or Title of Contact Person: Cooli, Sr. City Providence RI City State Providence RI State Providence RI State Providence RI State Providence RI State State Providence RI State STACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16 Manager Name Street Address State RI State RI State City State State State State City State State City State Ci

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



File Date 11104
Check No. 113 4
By:
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I,	have examined this report
ncluding any accompanying schedules and stateme	his, and that all statements
nontained bashin are true and correct	

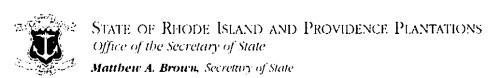
contained herein are true and correct

Signature of Authorized Person

Date

David L. Piccoli, Sr., Manager

Print or Type Name of Authorized Person



Filing Period: September 1 - November 1

STEPHEN C. MACKIE, ESQ.

681 SMITH STREET

Address

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR.

• Filing Fee: \$50.00

2003

(FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited hability company 1 /// No 125953 65 PAVILION LLC. 4. Buef description of the character of the business which is actually conducted in Rhode Island. 3 State of Formation Purchasing, leasing and sale of real estate and any other lawful **RHODE ISLAND** 5. Principal office address State 02905 RΙ Providene 66 Pavilion Avenue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title David L. Piccoli, Sr. Street Address City 02905 RΙ 66 Pavilion Avenue Warwick 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 Manager Name David L. Piccoli, Sr. Street Address 66 Pavilion Avenue State $Z_i p$ 02905 Providence RI Manager Name Manager Name Street Address Street Address State ZipCitr State Zip8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address Agent Name

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

Ctr

PROVIDENCE

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File Date	149/03/
Check No	<u>001154</u>
Ву:	<u> </u>
F0	R 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

Ζip

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Constant of Salaman A Parama

//-3-03

David L. Piccoli, Sr.

Print or Type Name of Authorized Person