



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. 126454		2. Exact name of the limited liability company 567 LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE, SALE, RENTAL AND OWNER OF REAL ESTATE			
5. Principal office address 84 KINGSWOOD ROAD		City BRISTOL	State RI	Zip 02809	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOSEPH O. BRAGANTIN, JR.			Contact Title MANAGER		
Street Address 84 KINGSWOOD ROAD		City BRISTOL	State RI	Zip 02809	
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 JOSEPH O. BRAGANTIN, JR.		Manager Name			
Street Address 84 KINGSWOOD ROAD		Street Address			
City BRISTOL	State RI	Zip 02809	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 require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name THOMAS C. PLUNKETT		Address 91 FRIENDSHIP STREET			
Address		City PROVIDENCE	Zip RI 02903		

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



1 2 6 4 5 4

File Date	<u>10/28/05</u>
Check No.	<u>474</u>
By:	<u>[Signature]</u>
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] 10/26/05
Signature of Authorized Person Date

JOSEPH O. BRAGANTIN, JR.
Print or Type Name of Authorized Person



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. 126454		2. Exact name of the limited liability company 567 LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE, SALE, RENTAL AND OWNER OF REAL ESTATE.	
5. Principal office address 84 KINGSWOOD ROAD		City BRISTOL	State RI
		Zip 02809-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joseph O. Bragantin, Jr.		Contact Title Manager	
Street Address 84 Kingswood Road		City Bristol	State RI
		Zip 02809	
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 Joseph O. Bragantin, Jr.		• Manager Name .	
Street Address 84 Kingswood Road		• Street Address .	
City Bristol	State RI	Zip 02809	• City .
• Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City
• Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name THOMAS G. PLUNKETT		Address 91 FRIENDSHIP STREET	
Address		City PROVIDENCE	Zip 02903-

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



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126454 DLLC 09/17/04 08:37:29 AM

File Date 10/6/04

Check No. 346

By: W.

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.

Joseph O. Bragantin, Jr. 10/4/04
Signature of Authorized Person Date

JOSEPH O. BRAGANTIN 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 02903-1333
401.222.304

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 126454		2. Exact name of the limited liability company 567 LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island purchase, sale, rental, and ownership of real estate	
5. Principal office address 84 Kingswood Road		City Bristol	State RI
		Zip 02809	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joseph O. Bragantin, Jr.		Contact Title Manager	
Street Address 84 Kingswood Road		City Bristol	State RI
		Zip 02809	
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 Joseph O. Bragantin, Jr.		Manager Name	
Street Address 84 Kingswood Road		Street Address	
City Bristol	State RI	City	State
Zip 02809		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 THOMAS G. PLUNKETT		Address	
Address 91 FRIENDSHIP STREET		City PROVIDENCE	Zip 02903-

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



* 1 2 6 4 5 4 *

File Date 11/18/03
Check No. 247
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.

[Signature] 11/15/03
Signature of Authorized Person Date

Joseph O. Bragantin, Jr.
Print or Type Name of Authorized Person