



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. 109857		2. Exact name of the limited liability company PARISEAULT FAMILY L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING, LEASING, SELLING AND OTHERWISE DEALING IN REAL ESTATE	
5. Principal office address 69 Illinois Avenue, Suite 1		City WARWICK	State RI
		Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JONATHAN V KALANDER		Contact Title	
Street Address 146 WESTMINSTER STREET		City PROVIDENCE	State RI
		Zip 02903-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (MAX 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 Raymond J. F. Pariseault, III		Manager Name Rosemary P. Pariseault	
Street Address 16 Mallard Way		Street Address 16 Mallard Way	
City East Greenwich	State RI	City East Greenwich	State RI
Zip 02818		Zip 02818	
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 JONATHAN V. KALANDER, ESQ.		Address 146 WESTMINSTER STREET	
Address KALANDER & SHAW, LTD.		City PROVIDENCE	Zip 02903

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



1 0 9 8 5 7

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: Raymond J. F. Pariseault III Date: 9/29/05

Print or Type Name of Authorized Person: RAYMOND J. F. PARISEAULT III

109857 DLLC 09/13/05 10:02:14 AM

File Date: 10/4/05

Check No.: 1584

By: C

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, 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)

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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING, LEASING, SELLING AND OTHERWISE DEALING IN REAL ESTATE			
5. Principal office address 46 KILVERT STREET		City WARWICK	State RI	Zip 02889	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JONATHAN V KALANDER			Contact Title		
Street Address 146 WESTMINSTER STREET		City PROVIDENCE	State RI	Zip 02903 -	
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 Raymond J.F. Pariseault, III		Manager Name Rosemary P. Pariseault			
Street Address 16 Mallard Way		Street Address 16 Mallard Way			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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 JONATHAN V. KALANDER, ESQ.		Address 146 WESTMINSTER STREET			
Address KALANDER, SHAW & JANNEY, LTD.		City PROVIDENCE		Zip 02903	

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



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109857 DLLC 10/06/04 11:20:34 AM

File Date 11/4/04

Check No. 1458

By: VS

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.

Raymond J.F. Pariseault III 10/21/04
Signature of Authorized Person Date

Raymond JF Pariseault III
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. 109857		2. Exact name of the limited liability company PARISEAULT FAMILY L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING, LEASING, SELLING AND OTHERWISE DEALING IN REAL ESTATE			
5. Principal office address 46 KILVERT STREET		City WARWICK		State RI	Zip 02889
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JONATHAN V KALANDER		Contact Title .			
Street Address 146 WESTMINSTER STREET		City PROVIDENCE		State RI	Zip 02903-
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 Raymond J.F. Pariseault, III		Manager Name Rosemary P. Pariseault			
Street Address 16 Mallard Way		Street Address 16 Mallard Way			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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 JONATHAN V. KALANDER, ESQ.		Address 146 WESTMINSTER STREET			
Address KALANDER, SHAW & JANNEY, LTD.		City PROVIDENCE		Zip 02903	

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



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109857 DLLC 09/05/03 03:03:34 PM	
File Date	9-16-03
Check No.	1342
By:	
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 9/18/03

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 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *109857*		2. Exact name of the limited liability company PARISEAULT FAMILY L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING, LEASING, SELLING AND OTHERWISE DEALING IN REAL ESTATE			
5. Principal office address 46 KILVERT STREET		City WARWICK		State RI	Zip 02889
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JONATHAN V KALANDER			Contact Title Resident Agent		
Street Address 146 WESTMINSTER STREET		City PROVIDENCE		State RI	Zip 02903-
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 Raymond J.F. Pariseault, III			Manager Name Rosemary P. Pariseault		
Street Address 16 Mallard Way			Street Address 16 Mallard Way		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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 JONATHAN V. KALANDER, ESQ.			Address 146 WESTMINSTER STREET		
Address KALANDER, SHAW & JANNEY, LTD.			City PROVIDENCE		Zip 02903

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



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109857 DLLLC7/1/0310:02:04 AM
File Date <u>7-10-03</u>
Check No. <u>1328</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.

Raymond J. Pariseault 7/7/03
Signature of Authorized Person Date
RAYMOND JF PARISEAULT III
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



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

ID Number DLLC 109857

Annual Report for the year 2001

1. The name of the limited liability company is:

PARISEAULT FAMILY L.L.C.

2. The address of the principal office of the limited liability company is:

46 Kilvert Street, Warwick, Rhode Island 02889

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: JONATHAN V. KALANDER, ESQ.

KALANDER & ASSOCIATES, LTD. 146 WESTMINSTER STREET PROVIDENCE RI 02903

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: Jonathan V. Kalander, Esq.,

146 Westminster Street, Providence, Rhode Island 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: acquiring, developing, leasing, selling and otherwise dealing in real estate and any other valid business purpose deemed desirable by the Members.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Raymond J. F. Pariseault, III</u>	<u>16 Mallard Way, East Greenwich, RI 02818</u>
<u>Rosemary P. Pariseault</u>	<u>16 Mallard Way, East Greenwich, RI 02818</u>

Dated 10/11/01



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.

PARISEAULT FAMILY L.L.C.

Exact Name of Limited Liability Company

By Raymond J. Pariseault

Manager
Title

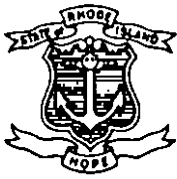
FOR SECRETARY OF STATE USE ONLY
File Date: 10-15-01

Check No.: 1195

By: 22

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



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

ID Number DLLC 109857

Annual Report for the year 2000

1. The name of the limited liability company is:

PARISEAULT FAMILY L.L.C.

2. The address of the principal office of the limited liability company is:

46 Kilvert Street, Warwick, Rhode Island 02889

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: JONATHAN V. KALANDER, ESQ

KALANDER & ASSOCIATES, LTD. 146 WESTMINSTER STREET PROVIDENCE RI 02903

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: Jonathan V. Kalander, 146 Westminster Street

Providence, Rhode Island 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: _____

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

<i>Name</i>	<i>Address</i>
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<u>Raymond J. F. Pariseault, III</u>	<u>16 Mallard Way, East Greenwich, RI 02818</u>
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<u>Rosemary P. Pariseault</u>	<u>16 Mallard Way, East Greenwich, RI 02818</u>
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Dated _____



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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.

Pariseault Family, L.L.C.

Exact Name of Limited Liability Company

By Raymond J. F. Pariseault
President

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10-23-00

Check No.: 1083

By: AMF