/29/2005



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

Matthew A. Brown, Secretify 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 TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liability company 109857 PARISEAULT FAMILY L.L C. 4. Brief description of the character of the business which is acrually conducted in Rhade Island 3. State of Formation ACQUIRING, DEVELOPING, LEASING, SELLING AND OTHERWISE DEALING IN REAL ESTATE RHODE ISLAND State 3. Principal office address Cin 2io WARWICK RI 02888 69 Illinois Avenue, Suite 1 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Conract Name JONATHAN V KALANDER Sireei Address RI 02903-. PROVIDENCE 146 WESTMINSTER STREET 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS PIXTHOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT: R.I.G.L 7-16-12 (4) (2) / 7-16-52 Manuger Name · Manager Name Rosemary P. Parissault Raymond J. F. Pariseault, III · Street Address Street Address .16 Mallard Way 16 Mallard Way State Zio · City Cin. Swie 02818 RI East Greenwich RI 02818 East Greenwich Manager Name Munuger Name •Street Address Succi Address Siple Stole City 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER! Changos fequire filing of Form 642 - Q. GL. 7-16-11 Address Ageni Name 146 WESTMINSTER STREET JONATHAN V. KALANDER, ESQ. Cin Zip Address **PROVIDENCE** 02903 KALANDER & SHAW, LTD

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



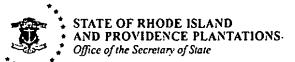
109857 I	DLLC	09/13/05	10:02:14	AM

File Doie Check No. 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

AVMANDIF PARISE AULITH

Form (32 Rev. 6/02



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

r tiing Perioa: Septen (FORM MUST BE TYPE)		1 • Filing Fee: \$50. 4CR)	.00					
1. ID No. 109857	2. Exact name of the lit PARISEAULT FA							
3. State of Formation	4. Brief descrip	otion of the character of the l	nusiness which is actually conducted in h	ess which is actually conducted in Rhode Island				
RHODE ISLAND	ACQUIRING	DEVELOPING, LEAS	ING, SELLING AND OTHERWI	IG, SELLING AND OTHERWISE DEALING IN REAL ESTATE				
5. Principal office addres 46 KILVERT STR			City WARWICK			ip 02889		
6. MAILING ADDR	ESS OF LIMITED	LIABILITY COMPAN	Y AND NAME OR TITLE OF	CONTACT	PERSON:			
Contact Name JONATHAN V KAL			Contact Title					
Street Address			City	State	Z	P		
146 WESTMINSTE	R STREET		. PROVIDENCE	RI	0	2903-		
•	FILL IN S	PACES BEFORE USING	IMITED LIABILITY COMPAI ATTACHMENTS ("X" BOX FOR RES FILING OF AMENDMENT, RLC	ATTACHMEN	77 🔲			
Manager Name			·Manager Name	·Manager Name				
Raymond J.F. P	ariseault, II	I	Rosemary P. Paris	Rosemary P. Pariseault				
Street Address		·	· Street Address	• Street Address				
16 Mallard Way			.16 Mallard Way	.16 Mallard Way				
City	State	Zip	*City	State	I	ip		
East Greenwich	RI	02818	East Greenwich	RI]0	2818		
Manager Name	• • • • • • • • •		Manager Name					
Street Address	-		·Street Address					
City	State	Zip	Ciry	State	Z	ip		
8. RESIDENT AGEN	r in rhode islan	ND -DO NOT ALTER- Ch:	anges require filling of Form	n 642 - R.I.G	L. 7-16-11			
Agent Name		· ·	Address					
JONATHAN V. KA	LANDER, ESQ.		146 WESTMINSTER	146 WESTMINSTER STREET				
Address			City	City Zip				
KALANDER, SHAW	& JANNEY, LT	D.	PROVIDENCE	PROVIDENCE 02903				

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



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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.

Signature of Authorized Person

Raymond JF Pariseault III

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 2003

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

(FORM MUST BE TYPE	ED OR PRINTED IN BL	4 <i>CK</i>)					
1. ID No. 109857	2. Exact name of the lite PARISEAULT FA					<u>-</u>	
3. State of Formation	4. Brief descrip	otion of the character of the	business which is actually conducted in I	Rhode Island			
RHODE ISLAND	ACQUIRING	, DEVELOPING, LEAS	ASSING, SELLING AND OTHERWISE DEALING IN REAL ESTATE				
5. Principal office addre	:n	·	City	City State		Zip	
46 KILVERT ST	REET		WARWICK	RI		02889	
6. MAILING ADDI	RESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE OF	CONTACT	PERSON:		
Contact Name			Contact Title	···································			
JONATHAN V KALANDER			•				
Street Address			City	State		Zip	
146 WESTMINSTE	ER STREET		. PROVIDENCE	RI		02903-	
7. NAME AND ADI	FILL IN S	PACES BEFORE USING	JIMITED LIABILITY COMPAI ATTACHMENTS ("X" BOX FOR IRES FILING OF AMENDMENT, R.L.C	ATTACHMEN	カ ロ		
Manager Name			• Manager Name				
Raymond J.F. I	Pariseault, II	I	Rosemary P. Paris	Rosemary P. Pariseault			
Street Address			· Street Address				
16 Mallard Way	<i>t</i>		.16 Mallard Way				
City	State	Zip	*City	State		Zip	
East Greenwich	n RI	02818	East Greenwich	RI		02818	
Manager Name			*Manager Name				
Street Address			• Street Address				
City	State	Zip	.City	State		Zip	
	T IN RHODE ISLAN	I ID -DO NOT ALTER- Ch	anges require filing of Form	n 642 - R.L.C	L. 7-16-11		
Agent Name	•		Address				
JONATHAN V. KALANDER, ESQ.			146 WESTMINSTER STREET				
Address			City	City Zip			
KALANDER, SHA	W & JANNEY, LT	D.	PROVIDENCE		02903		

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



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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.



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: Sep	tember 1 - Novem	ber I 🏓 F	iling Fee: \$50.0	0

(FORM MUST BE TYPE	N AD DDINTEN IN D	IACET						
1. ID No.		imited liability company						
109857	PARISEAULT F	AMILY L.L.C.						
3. State of Formation	4. Brief descr	iption of the character of the	business which is actually conducted in I	Rhode Island				
RHODE ISLAND	ACQUIRI	G, DEVELOPING, LEAS	SING, SELLING AND OTHERWI	SE DEALING	IN REAL ESTATE			
5. Principal office address			City	State	Zip			
46 KILVERT STR	EET		WARWICK	RI	02889			
6. MAILING ADDR	ESS OF LIMITE	LIABILITY COMPA	NY AND NAME OR TITLE OF	CONTACT	PERSON:			
Contact Name		<u> </u>	Contact Title					
JONATHAN V KAL	ANDER		.Resident Agent					
Street Address			City	State	Zip			
146 WESTMINSTE	R STREET		. PROVIDENCE	RI	02903-			
7. NAME AND ADD	RESS OF EACH	MANAGER OF THE L	IMITED LIABILITY COMPA	NY, IF APPL	ICABLE			
:		SPACES BEFORE USING				-		
	ANY MODIFICATION	IS TO MANAGERS REQUI	RES FILING OF AMENDMENT. R.I.O	S.L 7-16-12 (a)	(2) / 7-16-52			
Manager Name			· Manager Name	· Manager Name				
Raymond J.F. P	ariseault, II	Ι	Rosemary P. Paris	Rosemary P. Pariseault				
Street Address	- -		· Street Address	· Street Address				
16 Mallard Way			.16 Mallard Way					
City	State	Zip	*Ciry	State	Zip			
East Greenwich	RI	02818	East Greenwich	RI	02818			
Manager Name			Manager Name			• • • • •		
Street Address	· · · · ·		· Street Address					
City	State	Zip	City	I Comme	17:6			
City		240	•	State	Ζφ			
8. RESIDENT AGEN	T IN RHODE ISLA	ND -DO NOT ALTER- Ch	anges require filing of Forn	n 642 - R.I.G.	ابرا 7-16-11			
Agent Name			Address					
JONATHAN V. KA	LANDER, ESQ.		146 WESTMINSTER S	STREET				
Address		•	City	City				
KALANDER, SHAW	& JANNEY, L'	rd.	PROVIDENCE		02903			
			•		<u> </u>			
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This report must be signed in ink by an authorized person pursuant to 7-16-66.

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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

RAYMOND IF PARISEAULT THE

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

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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.	2. The address of the principal office of the limited liability company is:					
	46 Kilvert Street, Warwick, R	hode 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 ag	gent is: JONATHAN V. KALANDER, ESQ.				
	KALANDER & ASSOCIATES, LTD. 146	WESTMINSTER STREET PROVIDENCE RI 02903				
5.	The current mailing address of the limite	ed liability company and the name or title of a person to whom communications				
	may be directed are: Jonathan V. K	alander, Esq.,				
	146 Westminster Street, Provi	dence, Rhode Island 02903				
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in this acquiring, developing, leasing, selling and otherwise dealing in real estate state: and any other valid business purpose deemed desirable by the Members.					
7.	If the limited liability company has mana Name	gers, the name and address of each manager of the limited liability company Address				
	Raymond J. F. Pariseault, III	16 Mallard Way, East Greenwich, RI 02818				
	Rosemary P. Pariseault	16 Mallard Way, East Greenwich, RI 02818				
Fil	FOR SECRETARY OF STATE USE ONLY e Date: / / / / / / / / / / / / / / / / / / /	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 Manager Title				
By		Form No. 632 Revised 01/99				
ı ´	<u> </u>	•				

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

D	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 limit	ted liability company is:
	46 Kilvert Street, Warwick, Rho	de 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 i	s: JONATHAN V. KALANDER, ESQ
	KALANDER & ASSOCIATES, LTD. 146 WE	STMINSTER STREET PROVIDENCE RI 02903
5.	The current mailing address of the limited lia	bility company and the name or title of a person to whom communications
	may be directed are: Jonathan V. Kalar	nder, 146 Westminster Street
	Providence, Rhode Island 02903	
6.	A brief statement of the character of the bu	isiness in which the limited liability company is actually engaged in this
	state:	
7.	If the limited liability company has managers, Name	, the name and address of each manager of the limited liability company <i>Address</i>
	Raymond J. F. Pariseault, III	16 Mallard Way, East Greenwich, RI 02818
	Rosemary P. Pariseault	16 Mallard Way, Fast Greenwich, RI 02818
Dat		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

FOR SECRETARY OF STATE USE ONLY
File Date: 10-33-00
Check No.: 1083

By: 4000

eport, including any	accompanying	schedules	and statements,	an				
hat all statements contained herein are true and correct.								
Pariseault Famil	ly, L.L.C.							

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Exact Name of Limited Liability Company						
	0.40	o ()				

Ву_	Ray	mond	Ma	iseai	Ola	
	C	V i Den	V _p			
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Form No. 632

Revised 01/99