



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. 102459		2. Exact name of the limited liability company THE FRANKLIN GROUP, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE OWNERSHIP	
5. Principal office address 11 SOUTH ANGELL STREET, SUITE 313		City PROVIDENCE	State RHODE ISLAND
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name PETER ROSIELLO		Contact Title PRESIDENT	
Street Address PO BOX 9402		City PROVIDENCE	State RHODE ISLAND
		Zip 02940	
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 Peter Rosiello		Manager Name	
Street Address 11 South Angell St Suite 313		Street Address	
City Providence	State RI	Zip 02906	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 PETER ROSIELLO		Address	
Address 11 SOUTH ANGELL STREET, SUITE 313		City PROVIDENCE	Zip 02906

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



1 0 2 4 5 9

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.

**FILED**

File Date NOV 29 2005

Check No. 25300

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature] 10/9/05  
Signature of Authorized Person Date

Peter Rosiello  
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** 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>102459</b>		2. Exact name of the limited liability company <b>The Franklin Group, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE OWNERSHIP</b>			
5. Principal office address <b>11 South Angell St # 313</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>John Rock</b>		Contact Title <b>Accountant</b>			
Street Address		City	State	Zip	
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 <b>Peter Rosiello</b>		Manager Name			
Street Address <b>11 South Angell St # 313</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	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 <b>PETER J ROSIELLO</b>		Address			
Address <b>11 SOUTH ANGELL STREET, SUITE 313</b>		City <b>PROVIDENCE</b>		Zip <b>02906</b>	

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



\* 1 0 2 4 5 9 \*

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.

File Date 12/6/04  
 Check No. 24422  
 By: W.  
 FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person *Peter Rosiello* Date 11/1/04  
 Print or Type Name of Authorized Person Peter Rosiello



**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: <b>102459</b>		2 Exact name of the limited liability company <b>The Franklin Group, LLC</b>			
3 State of Formation <b>RHODE ISLAND</b>		4 Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE OWNERSHIP</b>			
5 Principal office address <b>11 South Angell St # 313</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>John Rock</b>		Contact Title <b>Accountant</b>			
Street Address <b>P.O. Box 9402</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02940</b>	
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 <b>Peter Rosiello</b>		Manager Name			
Street Address <b>11 South Angell St # 313</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	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 <b>PETER J. ROSIELLO</b>		Address			
Address <b>11 SOUTH ANGELL STREET, SUITE 313</b>		City <b>PROVIDENCE</b>		Zip <b>02906</b>	

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



File Date 9-22-03  
Check No. 26194  
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]  
Signature of Authorized Person Date  
Peter Rosiello  
Print or Type Name of Authorized Person



**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 <b>102459</b>		2. Exact name of the limited liability company <b>The Franklin Group, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE OWNERSHIP</b>	
5. Principal office address <b>11 South Angell St # 313</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02906</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Kristy Armstrong</b>		Contact Title <b>CEO</b>	
Street Address <b>P.O. Box 9402</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02940</b>	
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 <b>Peter Rosiello</b>		Manager Name	
Street Address <b>115. Angell St # 313</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - <del>DO NOT ALTER</del> Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>PETER J. ROSIELLO</b>		Address	
Address <b>11 SOUTH ANGELL STREET, SUITE 313</b>		City <b>PROVIDENCE</b>	Zip <b>02906</b>

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



\* 1 0 2 4 5 9 \*

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.

File Date	<b>10.2.02</b>
Check No.	<b>25900</b>
By:	<b>[Signature]</b>
FOR SECRETARY OF STATE USE ONLY	

**[Signature]** **9/10/02**  
Signature of Authorized Person Date  
**Peter Rosiello**  
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 102459

Annual Report for the year 2001

1. The name of the limited liability company is:

The Franklin Group, LLC

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

11 S Angell St. #313, Prov. RI 02940

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: PETER J. ROSIELLO

11 SOUTH ANGELL STREET, SUITE 313 PROVIDENCE RI 02906

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: Peter Rosiclio, PO Box 9902, Prov, RI 02940

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

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

Name	Address
<u>Peter Rosiclio</u>	<u>PO Box 6906, Prov. RI 02940</u>

Dated \_\_\_\_\_

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.



The Franklin Group, LLC  
Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY  
 File Date: 11-5-01  
 Check No.: 05553  
 By: [Signature]

By: [Signature]  
Sole manager member  
Title

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
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Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

**LIMITED LIABILITY COMPANY**

ID Number DLLC 102459

Annual Report for the year 2000

1. The name of the limited liability company is:

The Franklin Group, LLC

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

11 South Angel Street #313 Providence, RI 02906

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: PETER J. ROSIELLO

11 SOUTH ANGELL STREET, #313 PROVIDENCE RI 02906

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: 11 South Angel Street #313, Providence, RI

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

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

*Name*

*Address*

Peter Rosiello

11 South Angel Street #313, Providence, RI 02906

Dated 9/28/00

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.



The Franklin Group LLC

*Exact Name of Limited Liability Company*

By

Peter Rosiello

*Manager*

*Title*

FOR SECRETARY OF STATE USE ONLY

File Date:

10/2

Check No.:

#25057

By:

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 LL 102459

Annual Report for the year 1999

1. The name of the limited liability company is:

The Franklin Group, LLC

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

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: PETER J. ROSIELLO

11 SOUTH ANGELL STREET, #313 PROVIDENCE, RI 02906

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: PO Box 9402, Prov., RI 02940

Peter Rosiello

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

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

Name

Address

Peter Rosiello

PO Box 9402, Prov. RI 02940

Dated \_\_\_\_\_

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.



\* 1 0 2 4 5 9 \*

The Franklin Group, LLC

Exact Name of Limited Liability Company

By \_\_\_\_\_

Peter Rosiello, Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-14-99

Check No.: 1508

By: PMF

Form No. 632  
Revised 01/99