

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

		INTED IN BLACK				
1. <i>ID No.</i> 113060		name of the limited K Cranston, L		·		
3. State of Formati				siness which is actually conducted in a	Phada Irland	
Delaware			rcial Real Estat		minae mara	
5. Principal office address 3234 Riverview Lane				City	State	Zip
				Daytona Beach	Florida	32118
6. MAILING	ADDRESS OF	F LIMITED LI	ABILITY COMPANY	Y AND NAME OR TITLE OF	CONTACT PERSO)N:
Contact Name				*Contact Title		
	John Sera	valli		. Manager		
Street Address		_		Cin	State	Zip
i	3234 River	cview Lane		.Daytona Beach	Florida	32118
Manayer Name	•		1977	TTACHMENTS ("X" BOX FOR ES FILING OF AMENDMENT. R.L. *Manager Name	「強って」 ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	6-52
Manager Name John Seravalli			• Manager Name •			
	John Seray	valli		•		
Street Address	John Serav	valli		• Street Address		
Street Address	John Serav 234 Rivery			Street Address		
Street Address	234 Rivery		Zip 32118	• Street Address • City	State	Zip
Street Address 3	234 Rivery	view Lane State	1 '	•	State	Zip
Sirect Address 3 City Daytona B	234 Rivery	view Lane State	1 '	*City	State	Zip
Street Address 3 City Daytona B Manager Name	234 Rivery	view Lane State	1 '	*City *Manager Name	State	Zip Zip
Street Address 3 City Daytona B Manager Name Street Address City	234 Rivery	view Lane State Florida Florida	32118	*City *Manager Name *Street Address	State	Zip
Street Address 3 City Daytona B Manager Name Street Address City 8. RESIDENT A Agent Name	234 Rivery	view Lane State Florida Florida State	32118	*City *Manager Name *Sirvet Address City ages require filing of Fort	State	Zip
Street Address 3 City Daytona B Manager Name Street Address City 8. RESIDENT A Agent Name	234 Rivery each	view Lane State Florida Florida State	32118	*City *Manager Name *Sirvet Address City ages require filing of Fort	State	Zip

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

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File Dute 9/15/05		.
Check No. 1786/		.
B_{Y} (\mathcal{M})		
FOR SECRETARY OF STATE USE ONLY		- 1

Under penalty of perjury, I declare and	l affirm that I	have examined
this report, including any accompanyir	ng schedules a	and statements,
and that all statements contained herei	n are true and	correct.
Den Seeava	U.	9-10-05
Signature of Authorized Person	Date	
John Seravalli		

Print or Type Name of Authorized Person

Form 632 Rev. 6/02



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	l - November 1 💎 🔸	Filing Fee: \$50.00	•				
(FORM MUST BE TYPED OR PR							
	NK Cranston, LLC	ibility company					
3 State of Formation	4. Brief description of	The character of the busine	ss which is actually conducted in Rhode Isla	રાપર્વ	•		
DELAWARE	OWNS COMME	RCIAL REAL ESTATE					
5 Principal office address			Gity	State	Zip		
3234 Ri	verview Lane	•	Daytona Beach	Florida	32118		
Contact Name		Y COMPANY AND N	AME OR TITLE OF CONTACT PE	RSON:			
John Se	ravalli		Manager				
Street Address 3234 Ri	verview Lane	2	Daytona Beach	State Florida	32118		
	FILL IN SPACE	ES BEFORE USING A	JABHLITY COMPANY, IF APPLICATION OF APPLICATION OF A STILLING OF AMENDMENT, R.I.G.	NTTACHMENT) [
Manager Name			Manager Name	Manager Name			
John Se	ravalli						
Street Address 3234 Ri	verview Lane	2	Street Address				
City Daytona Beach	State Florida	^{Z(p} 32118	City	State	Zqr		
Manager Name	***********************	••••••••••••	Manager Name				
Sinci Address			Street Address				
City State Zip			Chy	State	Zip		
8. RESIDENT AGENT IN I	RHODE ISLAND - DO	O NOT ALTER - Chai	inges require filing of Form 642	- R.I.G.L. 7-16-1	11		
SUZANNE DUCHARME							
Address			City	2.	ip		
Address	85 AVENUE B			WOONSOCKET 02895-			

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

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File Date 9/23/04
Check No. 2296
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.

John Jerovall

9-14-04

John Seravalli

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

2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR.

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

(TORN MOST DE TITEIX								
1 ID No.	2. Evact :	name of the limited liabili	iy company					
113060		S-BNK Cranston, LLC						
3 State of Formation		4 Brief description of the character of the business which is actually conducted in Rhode Island						
		OWNS COMMERCI	AL DEAL ESTATE					
DELAWARE		OWNS COMMERCIA	AL REAL ESTATE				I	
5. Principal office address				City	State		<i>Ζψ</i>	
3234 Riverview Lane				Daytona Beach	F101	rida	32118	
6. MAILING ADDRES	SS OF L	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PER	ISON:			
Contact Name	_			Contact Title				
Joh	ın Se	ravalli		Manager				
Street Address				City	State		Zip	
323	34 Ri	verview Lan	e	Daytona Beach	Floa	rida	32118	
7. NAME AND ADDI	RESS OF	EACH MANAGER C	F THE LIMITED LIABI	LITY COMPANY, IF APPLICA	BLE			
				HMENTS ("X" BOX FOR A				
AN'	Y MODII	FICATIONS TO MAN	AGERS REQUIRES FIL	ING OF AMENDMENT, R.I.G.	.L. 7-16-12 (a	i) (2) / 7·16	-52	
Manager Name				Manager Name				
Joh	n Se	ravalli						
Street Address				Street Address				
323	4 Ri	verview Lan	е	•				
City		State	ZIp	: City	State		Zip	
Daytona Bea	ch	Florida	32118	·				
Manager Name		*************************	• • • • • • • • • • • • • • • • • • • •	Manager Name				
				:				
Street Address				Street Address				
				•				
Ghy		State	Zip	City	State		Zqr	
			٠.		ſ			
8. RESIDENT AGENT	I IN RH	ODE ISLAND - DO	NOT ALTER - Changes	require filing of Form 642	- R.I.G.L. 7-1	6-11		
Agent Name				Address				
SUZANNE DUCHARME	į							
Address				City		Zip	·	
85 AVENUE B				WOONSOCKET		02895-		
						J	<u> </u>	

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

		3			
				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.

Jolie Jesaball:
pignature of Authorized Person Date

John Seravalli

Print or Type Name of Authorized Person



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR <u>2002</u>

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

ID No.	2 Exac	2 Exact name of the limited liabilty company							
113060		SNK Cranston, LLC							
3. State of Formati	cm		4 Brief description of the character of the business which is actually conducted in Rhode Island						
DELAWARE OWNS COMMERCIAL REAL ESTATI									
Principal office address				City State Zip					
3234 Riverview Lane				Daytona Beach	Florida	32118			
	DDRESS C	F LIMITED LI	ABILITY COMPANY	AND NAME OR TITLE OF	CONTACT PERSO	<u>V:</u>			
ontact Name .T	ohn Ser	rawalli		Contact Title					
rect Address	om set	.avalli		• Manager	le	12			
	234 Riv	verview La	ne	. Daytona Beach	State Florida	^{Z₁p} 32118			
NAME AND	ADDRESS	DE EACH MANA	CEP OF THE LIMIT	ED LIABILITY COMPANY,					
TATALLY AND A	ADDRESS (TACHMENTS ("X" BOX FOR					
	ANY M			FILING OF AMENDMENT. R.I.G.I	•—	i-52			
nager Name				•Manager Name					
John Seravalli			•						
	OUIII	Seravalli		•					
reet Address				• Street Address					
		Riverview	Lane	• Street Address					
įγ.	3234	Riverview	Zip	• Street Address • City	State	Zıp			
n Daytona	3234	Riverview		*City	State	Zıp			
n Daytona	3234	Riverview	Zip	•	State	Zιρ			
ny Daytona anager Name	3234	Riverview	Zip	*City *Manager Name	State	Z _{(P}			
ny Daytona lanager Name	3234	Riverview	Zip	*City	State	Zıp			
Daytona unager Name	3234	Riverview	Zip	*City *Manager Name	State	Zip Zip			
ny Daytona lanager Name reet Address	3234 Beach	Riverview State Florida	32118 2ip	*City *Manager Name *Street Address *City	State	Zip			
Daytona anager Name reet Address ty RESIDENT A	3234 Beach	Riverview State Florida	32118 2ip	*City *Manager Name *Street Address City case require filing of Form	State	Zip			
Daytona anager Name rect Address ity RESIDENT A ent Name	3234 Beach GENT IN RI	Riverview State Florida	32118 2ip	*City *Manager Name *Street Address *City	State	Zip			
Daytona lanager Name lanager Name liver Address liver RESIDENT A lent Name SUZANNE DUCH	3234 Beach GENT IN RI	Riverview State Florida	32118 2ip	*City *Manager Name *Street Address City City Address	State 642 - R.I.G.L. 7-16-11	Zip			
irect Address Daytona lanager Name treet Address ity RESIDENT A gent Name SUZANNE DUCH ddress 85 AVENUE B	3234 Beach GENT IN RI	Riverview State Florida	32118 2ip	*City *Manager Name *Street Address City case require filing of Form	State	Zip			

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



File Dat <u>e</u>	9-19-02
Check No.	1408
Bv:	a.
FOR SECRETA	ARY 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.

John Seravalli 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

T. No.

LIMITED LIABILITY COMPANY

D	D Number FLLC 113060	Annual Report for the year 2001
1.	The name of the limited liability company is:	
	S-BNK Cranston, LLC	
2.	2. The address of the principal office of the limited liability	y company is:
	3234 Riverview Lane, Daytona Bea	ach, FL 32118
3.	3. The state or other jurisdiction under the laws of which	it is formed is DELAWARE
4.	4. The name and address of its resident agent is: SUZA	NNE DUCHARME
	85 AVENUE B WOONSOCKET RI 02895-	
5.	5. The current mailing address of the limited liability com	pany and the name or title of a person to whom communications
	may be directed are: 3234 Riverview Lane	Daytona Beach, FL 32118
	c/o John Seravalli	
3.	 A brief statement of the character of the business in 	which the limited liability company is actually engaged in this
	state: owns commercial real estate	
7.		e and address of each manager of the limited liability company Address
	John Seravalli c/o 1	The Barchester Corporation
		Riverview Lane, Daytona Beach, FL 32118
Эa		enalty of perjury, I declare and affirm that I have examined this
		ncluding any accompanying schedules and statements, and atements contained herein are true and correct.

1 1 3 0 6 0

FOR SECRETARY OF STATE USE ONLY File Date: G. G. G.

Check No.:

156 42

By:

a

S-BNK Cranston, LLC

Exact Name of Limited Liability Company

John Serava/11i

Manager

Title

Form No. 632 Revised 01/99