



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. 113060		2. Exact name of the limited liability company S-BNK Cranston, LLC			
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Owns Commercial Real Estate			
5. Principal office address 3234 Riverview Lane		City Daytona Beach	State Florida	Zip 32118	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name John Seravalli		Contact Title Manager			
Street Address 3234 Riverview Lane		City Daytona Beach	State Florida	Zip 32118	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE 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 John Seravalli		Manager Name			
Street Address 3234 Riverview Lane		Street Address			
City Daytona Beach	State Florida	Zip 32118	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 Suzanne Ducharme			Address		
Address 85 Avenue B		City Woonsocket		Zip 02895	

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



1 1 3 0 6 0

File Date	9/15/05
Check No.	17861
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) 9-10-05  
Signature of Authorized Person Date  
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

# 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 113060		2. Exact name of the limited liability company S-BNK Cranston, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNS COMMERCIAL REAL ESTATE			
5. Principal office address 3234 Riverview Lane		City Daytona Beach	State Florida	Zip 32118	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name John Seravalli		Contact Title Manager			
Street Address 3234 Riverview Lane		City Daytona Beach	State Florida	Zip 32118	
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 John Seravalli		Manager Name			
Street Address 3234 Riverview Lane		Street Address			
City Daytona Beach	State Florida	Zip 32118	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 SUZANNE DUCHARME		Address			
Address 85 AVENUE B		City WOONSOCKET		Zip 02895-	

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



\* 1 1 3 0 6 0 \*

File Date	9/23/04
Check No.	2296
By:	DA
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 Seravalli 9-14-04  
Signature of Authorized Person Date

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

# 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>113060</b>		2. Exact name of the limited liability company <b>S-BNK Cranston, LLC</b>			
3. State of Formation <b>DELAWARE</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>OWNS COMMERCIAL REAL ESTATE</b>			
5. Principal office address <b>3234 Riverview Lane</b>		City <b>Daytona Beach</b>	State <b>Florida</b>	Zip <b>32118</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>John Seravalli</b>			Contact Title <b>Manager</b>		
Street Address <b>3234 Riverview Lane</b>		City <b>Daytona Beach</b>	State <b>Florida</b>	Zip <b>32118</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>John Seravalli</b>			Manager Name		
Street Address <b>3234 Riverview Lane</b>		Street Address			
City <b>Daytona Beach</b>	State <b>Florida</b>	Zip <b>32118</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>SUZANNE DUCHARME</b>			Address		
Address <b>85 AVENUE B</b>		City <b>WOONSOCKET</b>	Zip <b>02895</b>		

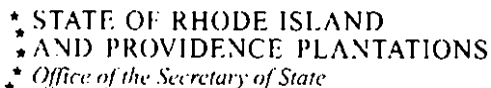
This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	<b>9-17-03</b>
Check No.	<b>1799</b>
By:	<b>AS</b>
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 Seravalli** **9-12-03**  
Signature of Authorized Person Date  
**John Seravalli**  
Print or Type Name of Authorized Person



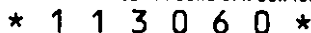
**Edward S. Inman, III, Secretary of State**  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401 222 3040

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No. 113060		2 Exact name of the limited liability company S-BNK Cranston, LLC	
3 State of Formation DELAWARE		4 Brief description of the character of the business which is actually conducted in Rhode Island OWNS COMMERCIAL REAL ESTATE	
5 Principal office address 3234 Riverview Lane		City Daytona Beach	State Florida
		Zip 32118	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name John Seravalli		Contact Title Manager	
Street Address 3234 Riverview Lane		City Daytona Beach	State Florida
		Zip 32118	
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Manager Name John Seravalli		Manager Name	
Street Address 3234 Riverview Lane		Street Address	
City Daytona Beach	State Florida	Zip 32118	City Daytona Beach
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 SUZANNE DUCHARME		Address	
Address 85 AVENUE B		City WOONSOCKET	Zip 02895-

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



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.

and that all statements contained herein are true and correct.

John Howell 9-10-02

Signature of Authorized Person Date

John Seravalli  
*Print or Type Name of Authorized Person*

Form 632 Rev 6/02

File Date 9-19-02  
Check No. 1408  
By: De  
FOR SECRETARY OF STATE USE ONLY

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 FLLC 113060

Annual Report for the year 2001

1. The name of the limited liability company is:

S-BNK Cranston, LLC

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

3234 Riverview Lane, Daytona Beach, FL 32118

3. The state or other jurisdiction under the laws of which it is formed is DELAWARE

4. The name and address of its resident agent is: SUZANNE DUCHARME

85 AVENUE B WOONSOCKET RI 02895-

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: 3234 Riverview Lane, Daytona Beach, FL 32118

c/o John Seravalli

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

Name	Address
------	---------

John Seravalli

c/o The Barchester Corporation

3234 Riverview Lane, Daytona Beach, FL 32118

Dated September 1, 2001



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.

S-BNK Cranston, LLC

Exact Name of Limited Liability Company

By

John Seravalli

Manager

Title

Form No. 632  
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-4-01</u>
Check No.:	<u>157642</u>
By:	<u>[Signature]</u>

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at (401) 222-3040 or from our web site at [www.state.ri.us](http://www.state.ri.us).