

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 Na. 113260		name of the limited liability company getown Properties, LLC						
3. State of Formation 4. Brief description of the character of the		he business which is actually condu	icted in Rhode Island					
RHODE ISLAN	D	RENTAL OF	F COMMERCIAL REA	L ESTATE				
5. Principal office address				City	City State			
35 CARLSBAD	STREET			CRANSTON	RI	02920-7399		
	DRESS C	OF LIMITED	LIABILITY COMP	ANY AND NAME OR TITI	LE OF CONTACT PER	RSON:		
Contact Name				Contact Title				
EDMUND D CIA	NCIARU	ro		•				
Street Address				City	State	Zip		
35 CARLSBAD	_ST	 .		. CRANSTON	ŔĬ	02920-		
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Manager Name				*Manager Name				
Street Address				· Street Address				
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City		State	Zîp	City	State	Zip		
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8. RESIDENT AGE	ENT IN R	HODE ISLAN	U -DO NOT ALTER- C	hanges require filing of	f Form 642 - R.I.G.L. 7-	16-11		
Agent Name				Address	Address			
GIRARD R. VIS	CONTI, E	ESQ.		55 DORRANCE	55 DORRANCE STREET			
Address				City	Ž	ip		
			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 parjury, I declare a	
this report, including any accompany	
and that all statements contained her	ein are true and correct.
4	1200 0's
Signature of Authorized Person	Date

EDMUND D. CIANCIARULO, MANAGER

Print or Type Name of Authorized Person



Mutthew 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. 2. Exact name of the limited liability company 113260 Georgetown Properties, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL OF COMMERCIAL REAL ESTATE RHODE ISLAND 5. Principal office address State City 35 CARLSBAD STREET CRANSTON RΙ 02920-7399 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title EDMUND D CIANCIARULO Street Address City State Zip CARLSBAD ST. . CRANSTON RI 02920-7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Street Address Street Address City State State Zip ·City Zip Manager Name Manager Name Street Address ·Sirect Address City State City State טגל 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address GIRARD R. VISCONTI, ESQ. 55 DORRANCE STREET Address City Zip **PROVIDENCE** 02903-

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

EDMUND D. CIANCIARULO

Print or Type Name of Authorized Person



Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

MITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

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S. Principal office address 35 CARLSBAD STREET CANSTON CRANSTON RI 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name EDMUND D. CIANCIARULO, JR. Sincel Address 35 CARLSBAD ST. CRANSTON RI 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENT: ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.I. 7-16-12 (a) (2) / 7-16-5 Manager Name No Manager Sincel Address	02920-7399 Zip			
ANAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name EDMUND D. CIANCIARULO, JR. Sincel Address 35 CARLSBAD ST. City CRANSTON RI 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-5 Manager Name No Managers Sireel Address City State Zap City State Sireel Address	02920-7399 Zip			
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title EDMUND D. CIANCIARULO, JR. Sircel Address 35 CARLSBAD ST. CRANSTON RI 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) [] ("A" BOX FOR ATTACHMENT	Zip			
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Street Address 35 CARLSBAD ST				
CRANSTON RI				
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) [] ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-5 Manager Name **Manager Name** **Street Address** **City** **State** **Zip** **City** **State** **S	02920-7399			
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-5 Manager Name **Manager Name **Street Address** **City** **State** **Street Address** **Street Address** **Street Address** **Street Address** **City** **State** **Sta				
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8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name Address				
GIRARD R. VISCONTI, ESQ. 55 DORRANCE STREET				
Address Cuy Zip				
PROVIDENCE 02903				
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This report must be signed in ink by an authorized person pursuant to 7-16-66.



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Under penalty of perjuly. I declare and affirm that I have examined this report, including thy accompanying schedules and statements, and that all statements contained herein are true and correct.

Edmund D. Cianciarulo, Jr.



Edward S. Innian, 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 2002 Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK)

7. ID No. *113260*	2. Exact name of the li	getown Properties, LLC					
3. State of Formation RHODE ISLAND	RENTAL O	ption of the character of t F COMMERCIAL REA	he business which is actually condu L ESTATE	wed in Rhode Island			
5. Principal office add 35 CARLSBAD 5	STREET		City CRANSTON	State RI	Ζίρ 02920 - 7399		
Contact Name	DRESS OF HANTED ANCIARULO, JR.	LIABILITYCOM	ANY AND NAME OR TIT! Contact Title MEMBER	LE OF CONTACT PER	SON		
Sircet Address 25 CARLSBAD	ST.		City CRANSTON	State RI	Ζη· 02920 - 7399		
7. NAME AND AD Manager Name No Managers	FILL INS	PACES BEFORE USIN	LAMITED LIABILITY CO IG ATTACHMENTS (ZY"BO NURES FILING OF AMENDMEN Manager Name	OX FOR ATTACHMENT), 🔲			
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City	State	Zip	*Cdy	State	Zip		
Manager Name	• • • • • • • • • • •		Manager Name				
Street Address			Street Address				
City	State	Zip	Chy	State	Zip		
RESIDENT AGE agent Name GIRARD R. VISO	7.7.7	ND DO NOT ALTER C	honges require filling o	the second second second second second	(6-11), (*)		
Address			City PROVIDENCE	Zij	2903-		

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

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nd that all stateme	prs contained herei	n are true and correct.
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		9/16/1002
Signature of Authoriz	Parcon	Date
agamar of Amaric	ra r ermin	Date
Edmund D	Ciongiarul	o !-

Edmund D. Cianciarulo, Jr. Print or Type Name of Authorized Person

Filing Fee: \$50.00

By:

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

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LIMITED LIABILITY COMPANY

ID	Number <u>DLLC 113260</u>	Annual Report for the year 2001					
1.	The name of the limited liability comp	any is:					
	Georgetown Properties, LLC						
2.	2. The address of the principal office of the limited liability company is:						
	35 Carlsbad Street, Cranst	on, RI 02920					
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: GIRARD R. VISCONTI, ESQ.							
	55 DORRANCE STREET PROVIDE	NCE 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: Edmund D. G	Cianciarulo, Jr.					
	35 Carlsbac	1 Street, Cranston, RI 02920					
6.	6. A brief statement of the character of the business in which the limited liability company is actually engaged in						
	state: Rental of commercial	l real estate					
7.	If the limited liability company has ma	anagers, the name and address of each manager of the limited liability company Address					
	None						
							
Da	1 1 3 2 6 0	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. Georgetown Properties, LLC Example 10 Imited Liability Company					
	FOR SECRETARY OF STATE USE ONLY Date: 9 - 21 - 0 1	By Fidmund D. Cianciarulo, Jr. Member					
	y (. IIIA					

Title

Form No. 632 Revised 01/99