



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street, Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 111861	2. Exact name of the limited liability company DiPetrillo Properties, LLC		
3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island MANAGE BUSINESS PROPERTIES AND PROVIDE MANAGEMENT SERVICES		
5. Principal office address 15 Villa Drive	City NORTH PROVIDENCE	State RI	Zip 02911-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CRAIG DI PETRILLO		Contact Title	
Street Address P.O. BOX 114056	City NORTH PROVIDENCE	State RI	Zip 02911-
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 Craig Di Petrillo		Manager Name	
Street Address P.O. Box 114056		Street Address	
City No. Providence	State RI	Zip 02911	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 JENNIFER L. CAPUTI, ESQ.		Address 960 SMITHFIELD AVENUE	
Address		City LINCOLN	Zip 02865-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



1 1 1 8 6 1

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.

Jennifer L. Caputi 8/1/2006
Signature of Authorized Person Date
Jennifer L. Caputi, Agent
Print or Type Name of Authorized Person

111861 DLLC 08/01/06 03:09:52 PM

File Date 8/2/06

Check No. 2235

By: DA

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 12/05



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. 111861		2. Exact name of the limited liability company DiPetrillo Properties, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MANAGE BUSINESS PROPERTIES AND PROVIDE MANAGEMENT SERVICES	
5. Principal office address 15 THOMAS STREET SUITE C		City NORTH PROVIDENCE	State RI
		Zip 02911-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CRAIG DI PETRILLO		Contact Title	
Street Address P.O. BOX 114056		City NORTH PROVIDENCE	State RI
		Zip 02911	
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 CRAIG DIPETRILLO		Manager Name	
Street Address 15 THOMAS STREET SUITE A		Street Address	
City NORTH PROVIDENCE	State RI	City	State
Zip 02911		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 JAMES V. BURCHFIELD, JR. ESQ.		Address 536 ATWELLS AVENUE	
Address 536 ATWELLS AVENUE		City PROVIDENCE	Zip 02908

05 AUG -3 PM 12:42

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



1 1 1 8 6 1

AUG 1 2005

By TMH
73458

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.

Craig DiPetrillo 6-21-05
Signature of Authorized Person Date

CRAIG DIPETRILLO
Print or Type Name of Authorized Person

111861 DLLC 03/28/05 04:14:21 PM

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY



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. 111861		2. Exact name of the limited liability company DIPETRILLO PROPERTIES, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO MANAGE BUSINESS PROPERTIES AND PROVIDE MANAGEMENT SERVICES.			
5. Principal office address 15 THOMAS STREET		City NORTH PROVIDENCE	State RI	Zip 02911	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name CRAIG DIPETRILLO		Contact Title .			
Street Address 15 THOMAS STREET (SUITE C)		City NORTH PROVIDENCE	State RI	Zip 02911	
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 CRAIG DIPETRILLO		*Manager Name .			
Street Address 15 THOMAS STREET (SUITE C)		*Street Address .			
City NORTH PROVIDENCE	State RI	Zip 02911	*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 JAMES V. BURCHFIELD JR., ESQ.		Address .			
Address 536 ATWELLS AVENUE		City PROVIDENCE, RI		Zip 02909	

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



1 1 1 8 6 1

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.

Craig Di Petrillo 11-26-03
Signature of Authorized Person Date

Craig D. Petrillo
Print or Type Name of Authorized Person

File Date 11/28/03

Check No. 12553

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *111861*		2. Exact name of the limited liability company DiPetrillo Properties, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MANAGE BUSINESS PROPERTIES AND PROVIDE MANAGEMENT SERVICES	
5. Principal office address 15 THOMAS STREET		City NORTH PROVIDENCE	State RI Zip 02911-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CRAIG DI PETRILLO		Contact Title MGR	
Street Address 15 THOMAS STREET		City NORTH PROVIDENCE	State RI Zip 02911-
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 CRAIG DIPETRILLO		Manager Name	
Street Address 15 THOMAS STREET		Street Address	
City NORTH PROVIDENCE	State RI	Zip 02911	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 JAMES V. BURCHFIELD, JR. ESQ.		Address 728 VALLEY STREET	
Address		City PROVIDENCE	Zip 02908-

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



111861 DLLC12/20/0211:08:52 AM
File Date <u>1-10-03</u>
Check No. <u>111862</u>
By: <u>De</u>
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.

Craig DiPetrillo 1/3/03
Signature of Authorized Person Date
Craig DiPetrillo 1/3/03
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 111861

Annual Report for the year 2001

1. The name of the limited liability company is:

DiPetrillo Properties, LLC

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

15 Thomas Street, North Providence, RI 02911

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: JAMES V. BURCHFIELD, JR. ESQ.

728 VALLEY STREET PROVIDENCE RI 02908-

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: Craig DiPetrillo

15 Thomas Street, North Providence, RI 02911

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To lawfully manage business properties, and provide management servi-

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

Name Craig Dipetrillo

Address 15 Thomas Street, North Prov, RI 029

Dated 2-1-02



1 1 20.8/11 6E 11 h 83J

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.

DiPetrillo Properties, LLC

Exact Name of Limited Liability Company

By

Agent

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY
File Date: **FILED**

Check No.: **FEB 04 2002**

By:

By SMA 280336