

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

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

I. ID No.	2 Frim	t name of the limit	ed liabilty company			
111861		rillo Properties	i, LLC			
3. State of Formation	<u> </u>	4. Brief description	on of the character of	the business which is actually conducted in	Rhode Island	
RHODE ISLAN	D	MANAGE BUS	INESS PROPERT	IES AND PROVIDE MANAGEMENT		
5. Principal office ad	Idress	 	<u> </u>	City	State	Zip
15 Villa Drive			NORTH PROVIDENCE	RI	02911-	
6. MAILING AD Contact Name CRAIG DI PI		of Limited L	IABILITY COM	PANY AND NAME OR TITLE O	_, .	<u> </u>
Street Address		•		Ciry	State	Zip
P.O. BOX 114056			.NORTH PROVIDENCE	RI	02911-	
Manager Name COUS Street Address	Di Pa	trillo	.	Manager Name Street Address		<u> </u>
	10) 14	10 B L		· Street Address		
Ciny Prov		State	1960 1960	City	State	Zip
Manager Name	1,404,10%	J		Manager Name		
Sircei Address				· Street Address		
City		State	Zip	City	State	Zip
8. RESIDENT AC	CENT IN F	HODE ISLANI	O DO NOT ALTER	Changes require filing of Fo	rm 642 - R.I.G	L. 7-16-11
Agent Name				Address		
JENNIFER L.	CAPUTI,	ESQ.		960 SMITHFIELD	AVENUE	
Address			City		Zip	
				LINCOLN		02865-

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





Under penalty of perjury, I declare and affirm that I have this report, including any accompanying schedules a	iave exar nd statem	nined tents,
and that all statements contained herein are true and	correct.	1
Januar K (houth _	8]	<u>',]</u>
Signature of Authorized Person Date		
_ Johns Pr C. Capul	i _	\mathbb{A}
Print or Type Name of Authorized Person	7 /	

111861 DLLC 08/01/06 03:09:52 PM FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 12/05



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

FOR SECRETARY OF STATE USE ONLY

File Date_

Check No.

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) 2. Exact name of the limited liabilty company I. ID No. 111861 DiPetrillo Properties, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation MANAGE BUSINESS PROPERTIES AND PROVIDE MANAGEMENT SERVICES **RHODE ISLAND** 5. Principal office address NORTH PROVIDENCE RI 02911-15 THOMAS STREET SUITE C 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name CRAIG DI PETRILLO Street Address City State Zip 02911 .NORTH PROVIDENCE RI P.O. BOX 114056 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 CRAIG DIPETRILLO Street Address Street Address 15 THOMAS STREET SUITE A State Zin City State Zip NORTH PROVIDENCE 02911 Manager Name Monager Name ·Street Address Strect Address Zio State State Zio 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 536 ATWELLS AVENUE JAMES V. BURCHFIELD, JR. ESQ. Zip Address PROVIDENCE 02908 536 ATWELLS AVENUE This report must be signed in ink by an authorized person pursuant to 7-16-66. AUG 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

CRAIG DIPETRILLO Print or Type Name of Authorized Person



Matthew A. Brown, Secretory 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) 2. Exact name of the limited liabilty company I. ID No. 111861 DIPETRILLO PROPERTIES, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island TO MANAGE BUSINESS PROPERTIES AND PROVIDE MANAGEMENT SERVICES. RHODE ISLAND Zip 5. Principal office address NORTH PROVIDENCE RI 02911 15 THOMAS STREET 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name CRAIG DIPETRILLO City State Zip Street Address RΙ .NORTH PROVIDENCE 02911 15 THOMAS STREET (SUITE C) 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 CRAIG DIPETRILLO · Street Address Street Address 15 THOMAS STREET (SUITE C) State Zip City State Zio City NORTH PROVIDENCE RI 02911 Manager Name Manager Name Sireet Address ·Street Address Zip State City Cin State Ζιp 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Address Agent Name JAMES V. BURCHFIELD JR., ESQ.

PROVIDENCE, RI

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

34.5	
File DateCheck NoBy:	12553
FOR SECR	ETARY OF STATE USE ONLY

Address

536 ATWELLS AVENUE

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.

Zip

02909

Signature of Authorized Person Dute

Print or Type Name of Althorized Person



Edward S. Inman, 111, 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

CRAIG DI PE	2. Exac DiPet	r name of the limited rillo Properties, I	1. 1.1			
S. Principal office ada 15 THOMAS STI 6. MAILING ADI Contact Name CRAIG DI PET)	•	liabilly company LLC		<u> </u>	
5. Principal office add 15 THOMAS STI 6. MAILING ADI Contact Name CRAIG DI PE		4. Brief description (of the character of the t	rusiness which is actually conducted in Rhi	ode Island	
15 THOMAS STI 6. MAILING ADI Contact Name CRAIG DI PE		MANAGE BUSIN	BSS PROPERTIES	AND PROVIDE MANAGEMENT SE	BRVICES	
CRAIG DI PE	REET			City NORTH PROVIDENCE	State RI	<i>Zip</i> 02911-
CRAIG DI PE	DRESS C	F LIMITED LIA	BILITY COMPAN	YAND NAME OR TITLE OF	ONTACT PE	RSON
				Contact Title MGR		
Street Address 15 THOMAS STREET			. City NORTH PROVIDENCE	State RI	Zip 02911-	
7. NAME AND AL		· LIM IN STACE	S BEFORE JUSING A	MITED LIABILITY COMPANY ATTACHMENTS ("X" BOX FOR A	PP / C773 / C3PP3 [ABLE
Manager Name	ANY M	ODIFICATIONS TO	MANAGERS REQUIR	ES FILING OF AMENDMENT. R.I.G.L	7-16-12 (a) (2)	7-16-52
CRAIG DIPETRI	TJO			• Manager Name		
Street Address				· · · · · · · · · · · · · · · · · · ·		
15 THOMAS STR	EET			Street Address		
City		State	Zip	· City	State	
NORTH PROVIDE	NCE	RI	02911		DALIC .	Zip
Manager Name			· ·· • • • • • • • •	Manager Name		
Street Address	_			· Street Address		
City		State	Zip	City	State	Zip
a promover				<u> </u>		i i
Agent Name	NT IN RE	ODE ISLAND DO	NOT ALTER- Cha	nges require filling of Form (642 R.I.GL. 7-	16-11
JAMES V. BURC	HEIEI D	IR ESO		Address		
Address		, six. 23Q.		728 VALLEY STREET		
			City	Z	ip	
				PROVIDENCE		02908-
This report must be	:	in in h			:	
This report must be	e signed	in ink by an aut			declare and affi	rm that I have examined

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 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 Address Craig Dipetrillo 15 Thomas Street, North Prov, RI 029

Dated J-



AY PENSEONLY UNE DO File Date:

Check No. FEB 0 4 2002

BVGM -80336 By:

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

Exact Name of Limited Liabil	lity Company
	•
Agent	
V Title	
-	Form No. 632 Revised 01/99