



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. 107763		2. Exact name of the limited liability company Leach Warwick, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 255 Lambert Lind Hwy		City Warwick	State RI
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Brian Bucci		Contact Title Managing member	
Street Address 255 Lambert Lind		City Warwick	State RI
		Zip 02886	
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 Brian Bucci		Manager Name N/A	
Street Address 255 Lambert Lind		Street Address	
City Warwick	State RI	City	State
Zip 02886		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 K. JOSEPH SHEKARCHI, ESQ.		Address	
Address 33 COLLEGE HILL ROAD, SUITE 15-E		City WARWICK	Zip 02886

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



File Date	12/12/05	*107763*
Check No.	535	
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.

Signature of Authorized Person
Brian Bucci, Managing member
Date
10/25/05
Print or Type Name of Authorized Person



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Office of the Secretary of State
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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. 107763		2. Exact name of the limited liability company Leach Warwick, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 255 Lambert Ln Hwy		City Warwick	State RI
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Brian Bucci Contact Title Manager			
Street Address 255 Lambert Ln Hwy		City Warwick	State RI
		Zip 02886	
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 XXXXXX XXXXXX omit BB		Manager Name	
Street Address XXXXXX XXXXXX XXXXXX		Street Address	
City XXXXXX	State RI	Zip XXXXXX	
Manager Name		Manager Name	
Street Address		Street Address	
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 K. JOSEPH SHEKARCHI, ESQ.		Address	
Address 33 COLLEGE HILL ROAD, SUITE 15-E		City WARWICK	Zip 02886

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



* 1 0 7 7 6 3 *

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.

File Date	11/26/04
Check No.	527
By:	LB
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person **Brian Bucci** Date **9/20/04**
Print or Type Name of Authorized Person **Brian Bucci**



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 107763		2. Exact name of the limited liability company Leach Warwick, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 255 Lambert Lind Hwy		City Warwick	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name BRIAN BUCCI			Contact Title Manager		
Street Address 255 Lambert Lind Hwy		City Warwick	State RI	Zip 02886	
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			Manager Name		
Street Address			Street Address		
City	State	Zip	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 K. JOSEPH SHEKARCHI, ESQ.			Address		
Address 33 COLLEGE HILL ROAD, SUITE 15-E			City WARWICK	Zip 02886	

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



* 1 0 7 7 6 3 *

File Date	9/15/03
Check No.	503
By:	KMB
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] **9-15-03**
Signature of Authorized Person Date
BRIAN BUCCI
Print or Type Name of Authorized Person



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. 107763		2. Exact name of the limited liability company Leach Warwick, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 255 Lambert Road Hug		City Warwick	State RI
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Brian Buccia		Contact Title Managing member	
Street Address Same as above		City	State
		Zip	
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		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 K. JOSEPH SHEKARCHI, ESQ.		Address	
Address 33 COLLEGE HILL ROAD, SUITE 15-E		City WARWICK	Zip 02886

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



* 1 0 7 7 6 3 *

File Date	11-29-02
Check No.	585
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] **11/1/2002**
Signature of Authorized Person Date
Brian Buccia, member
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 DLIC 107763

Annual Report for the year 2001

1. The name of the limited liability company is:

Leach Warwick, LLC

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

255 Lambert Lind Hwy Warwick, R.I. 02886

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: K. JOSEPH SHEKARCHI, ESQ.

33 COLLEGE HILL ROAD, SUITE 15-E WARWICK RI 02886

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: BRIAN BUCCI 255 Lambert Lind Hwy

Warwick, R.I. 02886

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate Development

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

Name

Address

BRIAN BUCCI

255 Lambert Lind Hwy Warwick RI 02886

Dated

8/30/2001

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.

Leach Warwick, LLC

Exact Name of Limited Liability Company

By

[Signature]

Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

11-5-01

Check No.:

2061

By:

[Signature]

Form No. 632
Revised 01/99

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

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

LIMITED LIABILITY COMPANY

ID Number 107763Annual Report for the year 2000

1. The name of the limited liability company is:

LEACH WARWICK LLC

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

255 LAMBERT LIND HIGHWAY WARWICK RI 02886

3. The state or other jurisdiction under the laws of which it is formed is:
- RI

4. The name and address of its resident agent is:
- BRIAN BUCCI, 30 HEWITT STREET WARWICK RI

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:
- 255 LAMBERT LIND HIGHWAY WARWICK RI 02886

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state:

REAL ESTATE DEVELOPMENT

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

Name

Address

BRIAN BUCCI30 HEWITT STREET WARWICK RI~~EDWARD~~ LEACHPROVIDENCE RI

James

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.

Date: 08 01 2001LEACH WARWICK LLC

Exact Name of Limited Liability Company

By RRMEMBER member

Title

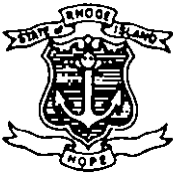
8-23-01

CHH
25-37

2

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 107763

Annual Report for the year 2000

1. The name of the limited liability company is:

Leach Warwick, LLC

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

255 Lambert Lind Hwy. Warwick, RI 02886

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: K. JOSEPH SHEKARCHI, ESQ.

33 COLLEGE HILL ROAD, SUITE 15-E WARWICK RI 02886

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: 255 Lambert Lind Hwy. Warwick, RI 02886

Brian Bucci, member

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate Development

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

Brian Bucci, manager

255 Lambert Lind Hwy. Warwick, RI 02886

Dated 9/12/2000



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.

Leach Warwick, LLC

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

File Date: 9-15-00

Check No.: 1800

By: AMF

By Brian Bucci

member

Title

Form No. 632
Revised 01/99