

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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

Filing Period: Septemi (FORM MUST BE TYPED 0		Filing Fee: \$50.00				
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3. State of Formation RHODE ISLAND	4. Brief description of REAL ESTATE	the character of the histness w	bich is actually conducted in Rhode Isla	nd		
5. Principal office address 255 (6~	bel (m)	N-7	an Jarwick	State [2]		210 UZ-886
Contact Name BAL A	S OF LIMITED LIABILITY SOLUTION SO	Y COMPANY AND NAMI	E OR TITLE OF CONTACT PER Contact Title Mayor	SON:	Ser	
Sircei Address 25 5	lambert 1	ind	Manuela	State	21	210 02886
	FILL IN SPACE	S BEFORE USING ATTA	BILITY COMPANY, IF APPLICA CHMENTS ("X" BOX FOR A LING OF AMENDMENT, R.I.G.	TTACHMENT,		52
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Manager Name			Manager Name			
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Agent Name	· · · · · · · · · · · · · · · · · · ·	NOT ALTER - Changes	s require filing of Form 642 - Address	R.J.G.L. 7-1	6:11	
K. JOSEPH SHEKARCH	i, E3Q.		City		Zφ	
33 COLLEGE HILL ROA	D, SUITE 15-E		WARWICK		02886	
					· · <u>-</u>	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 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,
File Date 12/14/05 *107763*	contained herein are true and correct.
By:FOR SECRETARY OF STATE USE ONLY	Signature of Authorized Person Date BRIAN Brici, Manjing member 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

TORM MUST BE TYPED OR						
	Exact name of the limited ha	bility company				
	Leach Warwick, LLC	. , .				
3. State of Formation	4. Brief description of	the character of the business u	hich is actually conducted in Rhode	Island		
RHODE ISLAND	REAL ESTATE					
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Contact Name	J BUCL'	Y COMPANY AND NAM	E OR TITLE OF CONTACT P	ERSON:		
Street Address 255	had foolmal	Hm	Carrick	State	-1 20286	
	FILL IN SPACE	S BEFORE USING ATTY	ACHMENTS ("X" BOX FOR	ATTACHMENT	i []	
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Manager Name		ANAGERS REQUIRES F.	ILING OF AMENDMENT, R.I. Manager Name			
Manager Name	CODIFICATIONS TO M.	anagers requires f	ILING OF AMENDMENT, R.I Manager Name Street Address	.G.L. 7-16-12 (a	(2) / 7·16·52	
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File Date 11 26 104
Check No. 5Jy
ну:
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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.

Print or Type Name of Authorized Person 9



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

idence, RI 02903-1335 401.222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2003

	2. Exact name of the limit	OR PRINTED IN BIACK) 2. Exact name of the Umited hability company				
107763	I	Leach Warwick, LLC				
3. State of Formation	4. Brief descripti	on of the character of the histness	surfich is actually conducted in Rhode Isl	and		
RHODE ISLAND	REAL ESTA	_	·		•	
5. Principal office una	i	<u> </u>	Law.			
255 L	mbert Lind	Huy	Warnick	State (2)	202586	
	RESS OF LIMITED LIABI	ILITY COMPANY AND NA	ME OR TITLE OF CONTACT PE	RSON:	•	
Contact Name B	riph Bucc	1 .1	Contact Title Mawry	er		
Sinvi Address 2	55 Lumbert	Lind My	Many	State R	24 02886	
7. NAME AND AD	DRESS OF EACH MANA	GER OF THE LIMITED IT	ABILITY COMPANY, IF APPLICA	ADIE	T .	
	FILL IN SP	ACES BEFORE USING AT	TACHMENTS ("X" BOX FOR A	NBLE NTTACHMENT) []		
i	ANY MODIFICATIONS TO	D MANAGERS REQUIRES	FILING OF AMENDMENT, R.I.G	.L. 7-16-12 (a) (2) /	7-16-52	
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City Manager Name	State	Zip	City	State	Zip	
Street Address City Manager Name Street Address	State	Zip	City Manager Name	State	Zip	
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City Manager Name Street Address Tity B. RESIDENT AGE Agent Name	State ENT IN RHODE ISLAND	Zip	City Manager Name Street Address City ges require filling of Form 642	State		
City Manager Name Street Address City	State ENT IN RHODE ISLAND	Zip	City Manager Name Street Address City ges require filling of Form 642	State		

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

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File Date	9125103	
Check No	503	
	Y (2)	

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.

Signalized Person

Print or Type Name of Authorized Person

Form 632 Rev. 7/03



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, R1 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) I. ID No. 2. Exact name of the limited liabilty company Leach Warwick, LLC 107763 3. State of Formation 4. Brief description of the character of the husiness which is actually conducted in Rhode Island **RHODE ISLAND** 5. Principal office address 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name Street Address 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 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 State Zip City State City Zip Manager Name Manager Name Street Address *Strect Address City Ζip State City State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 tgent Name Address K. JOSEPH SHEKARCHI, ESQ. Address City ZipWARWICK 33 COLLEGE HILL ROAD, SUITE 15-E 02886 This report must be signed in ink by an authorized person pursuant to 7-16-66.

File Date 11 - 29.02

Check No. 3-85

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

BLIAN Auch Membel

Print or Type Name of Authorized Person

Form 632 Rev. 6/02

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

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מו	Number	DLLC	107763
	HULLIOCI		101100

Annual Report for the year 2001

	· · · · · · · · · · · · · · · · · · ·			
1.	The name of the limited liability company is:			
	Leach Warwick, LLC			
?	The address of the principal office of the limited liability company is: 255 Lambert Link Huy Warwick, R.1. 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 communication			
	may be directed are: BRIFN Buch 255 Lambert Lind Hay Warnick, R.I. 02886			
	Marwick, R.1. 0286			
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in this state:			
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 Link Huz Warvick AI 02806			
Dat	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 Variable LLC Exact Name of Limited Liability Company			
File	FOR SECRETARY OF STATE USE ONLY Date: 1/-5-0/			
Chec	k No.: 2061 Title			
Ву:	Form No. 632 Revised 01/99			
- —	—			

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

limited liability company is: WARWICK RI C2886
limited liability company is:
WARWICK RI C2886
aws of which it is formed is: RI
entis: BRIAN BUCCI, 30 HEWITT STREET WARWICK RI
liability company and the name or title of a person to whom communications LIND HIGHWAY WARWICK RI 02886
pusiness in which the limited liability company is actually engaged in this state gers, list the name and address of each manager:
Address
30 HEWITT STREET WARWICK RI
PROVIDENCE RI
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

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

Revised 01/99



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
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By:

טו	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 1 255 Lambert Lind	limited liability company is: Nay. Warrick R1 02886				
3.		under the laws of which it is formed is <u>RHODE ISLAND</u>				
4.	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	l liability company and the name or title of a person to whom communications				
	Brian Bucci, member	t Lind Huy. Warnick, R1 02886				
6.	A brief statement of the character of the state: Rew Festale Dev	business in which the limited liability company is actually engaged in this				
7.	Name	ers, the name and address of each manager of the limited liability company Address 255 Conset Lind Way. Warridy, 121 UZ				
Dat	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. Leach Marrick, LLC Exact Name of Limited Liability Company				
ile i	FOR SECRETARY OF STATE USE ONLY Date: 9-15-00	By Brian Bucci member				
	ik No.: 1800	member Tido				
		Form No. 632				