



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 120366		2. Exact name of the limited liability company Brickstoie, 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 MANAGEMENT	
5. Principal office address 70 FAENCHTOWN ROAD		City NORTH KINGSTOWN	State R.I.
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name TERESA E. MANCINI		Contact Title SECRETARY	
Street Address 48 WOODS WAY		City NORTH KINGSTOWN	State R.I.
		Zip 02852	
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 STEPHEN M. MANCINI		Manager Name TERESA E. MANCINI	
Street Address 48 WOODS WAY		Street Address	
City N. KINGSTOWN	State R.I.	Zip 02852	City
			State
			Zip
Manager Name TERESA E. MANCINI		Manager Name	
Street Address 48 WOODS WAY		Street Address	
City N. KINGSTOWN	State R.I.	Zip 02852	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 STEPHEN M. MANCINI		Address	
Address 48 WOODS WAY		City NORTH KINGSTOWN	Zip 02852

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



File Date	<u>11/18/05</u>	*120366*
Check No.	<u>1493</u>	
By:	<u>[Signature]</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.

[Signature] 9/20/05
Signature of Authorized Person Date
STEPHEN M. MANCINI
Print or Type Name of Authorized Person



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

Mathew 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. 120366		2. Exact name of the limited liability company Brickstone, 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 MANAGEMENT	
5. Principal office address 48 WOODS WAY		City NORTH KINGSTOWN	State RI
		Zip 02852-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name TERESA E MANCINI		Contact Title	
Street Address 48 WOODS WAY		City NORTH KINGSTOWN	State RI
		Zip 02852-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE IN SPACES BEFORE USING ATTACHMENTS. (X) BOX FOR ATTACHMENT <input checked="" 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
*Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
Agent Name		Address	
STEPHEN M. MANCINI		48 WOODS WAY	
Address		City	Zip
		NORTH KINGSTOWN	02852-

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



1 2 0 3 6 6

120366 DLLC 11/01/04 11:53:30 AM	
File Date	11/4/04
Check No.	1323
By	W.
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.

Stephen M. Mancini 11-4-04
Signature of Authorized Person Date



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
109 North Main Street
Providence, RI 02903
401 222-XXXX

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. 120366		2. Exact name of the limited liability company Brickstone, 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 MANAGEMENT		
5. Principal office address 48 WOODS WAY		City NORTH KINGSTOWN	State RI	Zip 02852
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name STEPHEN M. MANCINI		Contact Title PRESIDENT		
Street Address 48 WOODS WAY		City NORTH KINGSTOWN	State RI	Zip 02852
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
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name STEPHEN M. MANCINI		Address		
Address 48 WOODS WAY		City NORTH KINGSTOWN	Zip 02852	

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



* 1 2 0 3 6 6 *

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.

Stephen M. Mancini 7/25/03
Signature of Authorized Person Date

STEPHEN M. MANCINI
Print or Type Name of Authorized Person

File Date	<u>9-26-03</u>
Check No	<u>1278</u>
By	<u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY	



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

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. 120366		2. Exact name of the limited liability company BRICKSTONE, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 551 SOUTH MAIN ST.		City PROVIDENCE	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name TERESA E. MANCINI		Contact Title SECRETARY	
Street Address 48 WOODS WAY		City NORTH KINGSTOWN	State RI
		Zip 02852	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (A) 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
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 842 - R.I.G.L. 7-16-11			
Agent Name STEPHEN M. MANCINI		Address 48 WOODS WAY	
Address		City NORTH KINGSTOWN	Zip 02852

RECEIVED
 SECRETARY OF STATE
 FEB 18 2 57 PM '03

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

FILED	
File Date	FEB 18 2003
Check No.	By G.M. 3130
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.

Stephen M. Mancini 2/13/03
Signature of Authorized Person Date

STEPHEN M. MANCINI
Print or Type Name of Authorized Person