

# 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) 2. Exact name of the limited liability company 1. ID No. 83766 MASBRO, L.L.C. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island TO ENGAGE IN BUYING, OWNING AND MANAGING REAL ESTATE. RHODE ISLAND 5. Principal office address PAWTUCHET 02860 50 PATTERSON AVE. 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Thomas H. MASSO Sircet Address
50 PATTERSON AVE. 02860 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 NONE Street Address Street Address City State Zip City State Zφ 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 **THOMAS MASSO** Address Zip **SMITHFIELD 5 LORI ELLEN DRIVE** 02917

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

File Date	FILE®766
Check No.	
Ву:	By \333
	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 Date

Thomas H. MASSO



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 LI	ABILITY C	OMPANY ANN	<b>UAL REPORT FO</b>	R THE YEAR	2004		
Filing Period: Septen			50.00				
(FORM MUST BE TYPED: 1. ID No. 83766		name of the limited liability company					
3. State of Formation RHODE ISLAND	1 -		business which is actually conducted in Gand Managing REAL ESTA	s which is actually conducted in Rhode Island MANAGING REAL ESTATE.			
•	FRSON	AUE.		PAWTUCHET RI 102860			
Contact Name			Contact Title		-		
Sireet Address  5 LOIR I  7 NAME AND ADDRESS	ELLEN	OR.	City PRES  SMITHEI  ED LIABILITY COMPANY, IF	IEIO RI	02917		
	FILL IN	SPACES BEFORE USIN	NG ATTACHMENTS ("X" BO DIRES FILING OF AMENDME	OX FOR ATTACHMENT) 🛚			
Manager Name	VONE		Manager Name		<u>-</u>		
Street Address	01012		Sirrei Address				
City	State	Zíp	City	State	Zφ		
Manager Name	·····		Manager Name	Manager Name			
Street Address			Street Address	-			
City	State	Zip	City	State	Ζψ		
Agent Name	T IN RHODE ISLAI	ND - DO NOT ALTER -	Changes require filing of F	orm 642 - R.I.G.L. 7-16-11	_ ~ _		
THOMAS MASSO  Address 5 LORI ELLEN DRIVE			Gity SMITHFIELD	1 '			

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



File Date	9/10/04				
Check No.	1287				
Ву:	O <sub>A</sub>				
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 Date

Thomas MASSO

Form 632 Rev. 7/03



# 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

1 ID No.	2 Exact name of the limit	ed kability company			•		
83766	MASBRO, L.L.C	MASBRO, L.L.C.					
3 State of Formation	4 Brief descript	ion of the character of the b	usiness which is actually conducted in Rhode Isl	and	<u> </u>		
RHODE ISLAND	TO ENGAGE	IN BUYING, OWNING	AND MANAGING REAL ESTATE.				
5 Principal office addre			City	State	Zip		
50 PAT	TERSON	AUE.	PAWT	RI	02860		
			D NAME OR TITLE OF CONTACT PE	RSON:	•		
Contact Name			Contact Title				
THOMAS	MASSO		PRES.				
		1		State	Z.(p)		
5 LORI E	TIEN DR.		Smith field	RI	02917		
		GER OF THE LIMITE	ED LIABILITY COMPANY, IF APPLIC	ABLE	• • • •		
			G ATTACHMENTS ("X" BOX FOR A	· · · · · · · · · · · · · · · · · · ·			
Al	NY MODIFICATIONS T	O MANAGERS REQU	IRES FILING OF AMENDMENT, R.I.C	5.L. 7-16-12 (a) (2) /	7-16-52		
lanager Name			Manager Name				
treet Address			Street Address		<u>-</u>		
mer gaanes							
тег дианея			•				
	State		Gity	State	Zip		
	State	Zip	Gij)	State	Zip		
itty	State	Zip	City Manager Name	State	Ζφ		
Diry.	State	Zφ		State	Zφ		
ity Ianages Name	State	Zifi		State	Z.p		
ity Ianages Name	State	Zip	Manager Name	State	7.φ		
itty Januges Name troot Address	State State	Z <sub>i</sub> p Z <sub>i</sub> p	Manager Name	State State	<i>Ζ</i> φ		
My Manager Name Treet Address	State	Zφ	Manager Name  Street Address  City	State			
toet Address  RESIDENT AGE	State	Zφ	Manager Name  Street Address  City  Changes require filing of Form 642	State			
toet Address  RESIDENT AGE	State	Zφ	Manager Name  Street Address  City	State			
Aty Manager Name Street Address Tity  3. RESIDENT AGE	State	Zφ	Manager Name  Street Address  City  Changes require filing of Form 642	State			
City Manager Name Street Address City	State	Zφ	Manager Name  Street Address  City  Changes require filing of Form 642	State			

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

	* 8 3 7 6 6 *	
File Date	9-5-03	
Check No	1252	
Ву:	<u></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 of Authorized Person Date

Thomas H. MASSO
Print or Type Name of Authorized Person

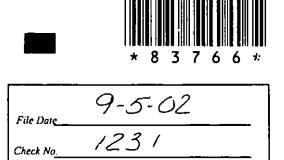


Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fce: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. ID No. 2. Exact name of the limited liabilty company 83766 MASBRO, L.L.C. 4 Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation TO ENGAGE IN BUYING, OWNING AND MANAGING REAL ESTATE. RHODE ISLAND State 5. Principal office address PAWTUCHET 02860 ペエ 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title PRES. State Street Address 02860 PAWTWHET PATTERSON 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS CON BOX FOR ATTACHMENTED ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 37-16-52 Manager Name • Manager Name Street Address Street Address City State Zip City State Manager Name Manager Name Street Address ·Street Address City State Cirv 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 **THOMAS MASSO** Address Zip **5 LORI ELLEN DRIVE SMITHFIELD** 02917

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



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. ignature of Authorized Person MOMA Form 632 Rev. 6/02

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 83766	Annual Report for the year 2001
1.	The name of the limited liability comp	any is:
	MASBRO, L.L.C.	
2.	The address of the principal office of	the limited liability company is:
	50 PATTERSON	AVE PAWTUCHET RI 02960
3.	•	ne laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident	agent is: THOMAS MASSO
	5 LORI ELLEN DRIVE SMITHFIELD	·
5.		nited liability company and the name or title of a person to whom communications
	may be directed are: Thoma	
	5 Lori Ellen Da	SMITHFIELD, RI 02917
6.		f the business in which the limited liability company is actually engaged in this
-		
7.		THE BUSINESS OF Buying, Dwning and estate.  Inagers, the name and address of each manager of the limited liability company Address
Da	aled <u>8 - 28 - 0/</u>	Under penalty of perjury, I declare and affirm that I have examined this
	84 18188 11114 18848 81148 871	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
		MASBRO, L.L.C.
	8 3 7 6 6	Exact Name of Limited Liability Company THOMAS H. MASSO
File	FOR SECRETARY OF STATE USE ONLY c Date: $S - 29 - 07$	By Samos H. War.
Ch	eck No.: //89	CRES. Title
Ву	,	Form No. 632 Revised 01/99

# 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

ID	Number DLLC 83766	Annual Report for the year 2000
1.	The name of the limited liability comp	eany is:
	MASBRO, L.L.C.	
2.	The address of the principal office of	the limited liability company is:
	50 DATTERSON 1	AVE. DAWT, RI 02860
3.	<b>'</b>	he laws of which it is formed is RHODE ISLAND
4.	The name and address of its residen	tagent is: THOMAS MASSO
	5 LORI ELLEN DRIVE SMITHFIELD	RI 02917
5.	The current mailing address of the lin	nited liability company and the name or title of a person to whom communications
	_	1 H. MASSO 5 LORI ETTEN DR.
		1ELD, RI 02917
6		of the business in which the limited liability company is actually engaged in this
0.		
		TN THE BUSINESS OF BUYING, OWNING +
7.	If the limited liability company has ma Name	anagers, the name and address of each manager of the limited liability company  **Address**
	NONE	
	0,	
Da	ted <u>9-5-00</u>	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.
		//ASBRO, L.L.C.
		James of Man Tres.
File	FOR SECRETARY OF STATE USE ONLY Date: 9-15-00	(By Thomas H. MASSO
Che	ck No.: //52	DRES.
Буа		Form No. 632 Revised 01/99

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

ID	Number <u>LL 83766</u>	Annual Report for the year 1999
1.	The name of the limited liability comp	pany is:
	MASBRO, L.L.C.	
2.	The address of the principal office of	the limited liability company is:
	50 PATTERSON A	VE. PAWT, RI 02860
3.		he laws of which it is formed is RHODE ISLAND
4.	The name and address of its residen	t agent is: THOMAS MASSO
	5 LORI ELLEN DRIVE SMITHFIELD	D, RI 02917
5.	The current mailing address of the lin	nited liability company and the name or title of a person to whom communications
		AS Line #4
<ol> <li>7.</li> </ol>	state: To ENGLAGE IN	f the business in which the limited liability company is actually engaged in this  The business of buying owning + Manage  Next Ester  Inagers, the name and address of each manager of the limited liability company  Address
File :	* 8 3 7 6 6 *  FOR SECRETARY OF STATE USE ONLY Date: 9- /- 99  ck No.: //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.  MASBRO, L.L.C.,  Exact Name of Limited Liability Company  By Library H. MASSO  Thomas H. MASSO  Title  Form No. 632
By.	AMF	Form No. 632 Revised 01/99

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

	LIMITE	ED LIABILITY COMPANY
ID	Number LL 83766	Annual Report for the year 1998
1.	The name of the limited liability company is:	
2.	' '	PAWTUCKET RI 02860
3.		·
4.	. The name and address of its resident agent is	s: THOMAS MASSO
	5 LORI ELLEN DRIVE SMITHFIELD, RI 02	917
5.	communications may be directed are:	ed liability company and the name or title of a person to whom nomes H. MASSO  SMITHFIELD, RI D2917
6.	_	siness in which the limited liability company is actually engaged in this    E BUSINESS OF BUYING, OWNING, AND   REAL ESTATE
7.		the name and address of each manager of the limited liability company  Address
Da		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.
	FOR SECRETARY OF STATE USE ONLY le Date: 8.3  98 neck No.:       7	By Misses Company  THOMAS H. MASS D  Title  Form No. LLC-19  Revised 8/97



### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

	2	,	
ID	Number <u>0083766</u>	Annual Report for the year	1997
1.	The name of the limited liability company is	::	
	MASERO, L.L.C.		
2.	The address of the principal office of the lin	nited liability company is:	
	50 PATTERSON AVE	PAWTUCKET RI 02860	
	· ·	s of which it is formed is: \ \tag{\mathbb{Z}}	
4.	The name and address of its resident agent	is: THOMAS H. MASSO	
	5 LORI ELLEN DRIVE	SMITHFIELD, RI 02911	
<b>5</b> .	The current mailing address of the lim	ited liability company and the name or title of a pe	erson to whom
	communications may be directed are: $5$	O PATTERSON AVE. PAWT, (	7 I 02860
	THOMAS H. MASSO,	pres.	
6.		ousiness in which the limited liability company is actually	
	state: To ENGAGE IN THE	BUSINESS OF BUYING OWNING AND	MANAGING
7.	If the limited liability company has mana	gers, the name and address of each manager of the	- · · -
	company Name	Address	
	<del></del>		
Da	ted <u>9-/-</u> , 19 <u>97</u>	Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and s that all statements contained herein are true and correct.	
	- A ! D	MASBRO, L.L.C.	<del></del>
	PAID	Exact Name of Limited Liability Company	
	SEP 0 3 1527 188	By Jones H. Marso	
	SECY OF STATE	DRES.	-
		Title	

#### State of Rhode Island and Providence Plantations

Office of the Secretary of State **Corporation Division** 100 North Main Street Providence, RI 02903-1335

LLC I.D.# 8	3766					Annua	al Report for the year 1996
FIRST:	The name of the limited liabil	ity company is	s: MASBR	O, L.L.C.			
SECOND:	The address of the principal of the prin					- 028	60
THIRD:	The state or other jurisdiction	n under the lav	ws of whic	h it is form	ed is: Rho	de Island	
FOURTH:	The name and address of its  Thomas My  5 LORI ELLE	4550		ThE	ELU	RI	02917
FIFTH:		ss of the limit ected are:	ted liability	company	and the	name or	title of a person to whom
	A brief statement of the cha TO ENGAGE IN MANAGING RE	aracter of the to The WL ESTA	ousiness in BUSIA	which the	corporatio	n is actua	nlly engaged in this state: ,OWN i'NG ←
Dated	8/29/96 19 96	•••••	MAS	BRO Exact N	ک ک ame of Limit	ted Liability	/ Company
File Date:	4.6	*B	, <u> </u>	Som	, 3 / 1	es an	<del></del>
Check No: By:	1068 		,			ner requir	ed by the home state.
For Sec.	retary of State Use Only	Tit	le	~ / ~ /		•••••	