



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. 83766		2. Exact name of the limited liability company MASBRO, L.L.C.			
3. State of Formation RHODE ISLAND		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.			
5. Principal office address 50 PATTERSON AVE		City PAWTUCKET	State RI	Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name THOMAS H. MASSO		Contact Title			
Street Address 50 PATTERSON AVE		City PAWT.	State RI	Zip 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) <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 NONE		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 THOMAS MASSO		Address			
Address 5 LORI ELLEN DRIVE		City SMITHFIELD	Zip 02917		

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



File Date	FILED 8766*
Check No.	SEP 08 2005
By:	By 1333
FOR SECRETARY OF STATE USE ONLY GA	

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.

Thomas H. Masso 9-7-05
Signature of Authorized Person Date
THOMAS H. MASSO
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

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 83766		2. Exact name of the limited liability company MASBRO, L.L.C.			
3. State of Formation RHODE ISLAND		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.			
5. Principal office address 50 PATTERSON AVE.		City PAWTUCKET	State RI	Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name THOMAS MASSO		Contact Title PRES.			
Street Address 5 LORI ELLEN DR.		City SMITHFIELD	State RI	Zip 02917	
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 NONE		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 THOMAS MASSO		Address			
Address 5 LORI ELLEN DRIVE		City SMITHFIELD	Zip 02917		

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 *

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 9/10/04
Check No. 1287
By: DA

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person

Date

THOMAS MASSO
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 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No. 83766		2 Exact name of the limited liability company MASBRO, L.L.C.			
3 State of Formation RHODE ISLAND		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.			
5 Principal office address 50 PATTERSON AVE.		City PAWT.	State RI	Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name THOMAS MASSO		Contact Title PRES.			
Street Address 5 LORI ELLEN DR.		City SMITHFIELD	State RI	Zip 02917	
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 THOMAS MASSO		Address			
Address 5 LORI ELLEN DRIVE		City SMITHFIELD	Zip 02917		

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	<u>9-5-03</u>
Check No	<u>1252</u>
By:	<u>TH</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.

Thomas H. Masso 9-4-03
Signature of Authorized Person Date
THOMAS H. MASSO
Print or Type Name of Authorized Person



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

Edward S. Inman, III, 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. 83766		2. Exact name of the limited liability company MASBRO, L.L.C.	
3. State of Formation RHODE ISLAND		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.	
5. Principal office address 50 PATTERSON AVE.		City PAWTUCKET	State RI
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name THOMAS H. MASSO		Contact Title PRES.	
Street Address 50 PATTERSON AVE.		City PAWTUCKET	State RI
		Zip 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	
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 THOMAS MASSO		Address	
Address 5 LORI ELLEN DRIVE		City SMITHFIELD	Zip 02917

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



* 8 3 7 6 6 *

File Date	9-5-02
Check No.	1231
By:	<i>THOMAS H. MASSO</i>
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.

THOMAS H. MASSO 9-3-02
Signature of Authorized Person Date
THOMAS H. MASSO
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 DLLC 83766

Annual Report for the year 2001

1. The name of the limited liability company is:

MASBRO, L.L.C.

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

50 PATTERSON AVE. PAWTUCKET, RI 02860

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: THOMAS MASSO

5 LORI ELLEN DRIVE SMITHFIELD RI 02917

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: THOMAS MASSO

5 LORI ELLEN DR. SMITHFIELD, RI 02917

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: TO ENGAGE IN THE BUSINESS OF BUYING, OWNING AND MANAGING REAL ESTATE.

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

Name

Address

Dated 8-28-01



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

THOMAS H. MASSO

By

Thomas H. Masso
PRES.

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 8-29-01

Check No.: 1189

By: [Signature]

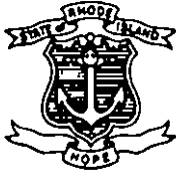
Form No. 632
Revised 01/99

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

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 83766

Annual Report for the year 2000

1. The name of the limited liability company is:

MASBRO, L.L.C.

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

50 PATTERSON AVE. PAWT. RI 02860

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: THOMAS MASSO

5 LORI ELLEN DRIVE SMITHFIELD RI 02917

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: THOMAS H. MASSO 5 LORI ELLEN DR.

SMITHFIELD, RI 02917

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: TO ENGAGE IN THE BUSINESS OF BUYING, OWNING +
MANAGING REAL ESTATE.

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

Name

Address

NONE

Dated 9-5-00



8 3 7 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.

MASBRO, L.L.C.

Exact Name of Limited Liability Company

THOMAS H. MASSO PRES.
By THOMAS H. MASSO

PRES.

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-15-00

Check No.: 1152

By: A.M.E.

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
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 83766

Annual Report for the year 1999

1. The name of the limited liability company is:

MASBRO, L.L.C.

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

50 PATTERSON AVE. PAWT, RI 02860

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: THOMAS MASSO

5 LORI ELLEN DRIVE SMITHFIELD, RI 02917

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: SAME AS Line # 4

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To Engage in the business of buying, owning, & managing Real Estate.

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

Name

Address

Dated 8-31-99



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 Thomas A. Masso

THOMAS A. MASSO PRES.

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-1-99

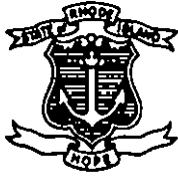
Check No.: 1131

By: AMF

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
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 83766

Annual Report for the year 1998

1. The name of the limited liability company is:

MASBRO, L.L.C.

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

50 PATTERSON AVE. PAWTUCKET, RI 02860

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: THOMAS MASSO

5 LORI ELLEN DRIVE SMITHFIELD, RI 02917

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: THOMAS H. MASSO

5 LORI ELLEN DR. SMITHFIELD, RI 02917

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: TO ENGAGE IN THE BUSINESS OF BUYING, OWNING, AND
MANAGING REAL ESTATE.

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

Name

Address

Dated 8-28, 1998



* 8 3 7 6 6 *

FOR SECRETARY OF STATE USE ONLY

File Date: 8.31.98

Check No.: 1112

By: IUP

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, LLC.

Exact Name of Limited Liability Company

By Thomas H. Masso
THOMAS H. MASSO PRES.

Title

Form No. LLC-19
Revised 8/97

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 0083766

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 limited liability company is:

50 PATTERSON AVE. PAWTUCKET RI 02860

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: THOMAS H. MASSO

5 LORI ELLEN DRIVE SMITHFIELD, RI 02917

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: 50 PATTERSON AVE. PAWT., RI 02860

THOMAS H. MASSO, PRES.

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: TO ENGAGE IN THE BUSINESS OF BUYING, OWNING AND MANAGING REAL ESTATE.

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

Name

Address

Dated 9-1-, 1997

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

PAID

SEP 03 1997

SECY OF STATE

By

Thomas H. Masso

PRES.

Title

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
Corporation Division
100 North Main Street
Providence, RI 02903-1335

LIMITED LIABILITY COMPANY

LLC I.D.# 83766

Annual Report for the year **1996**

FIRST: The name of the limited liability company is: **MASBRO, L.L.C.**

SECOND: The address of the principal office of the limited liability company is:

50 PATTERSON AVE., PAWTUCKET, RI 02860

THIRD: The state or other jurisdiction under the laws of which it is formed is: **Rhode Island**

FOURTH: The name and address of its resident agent is:

THOMAS MASSO
5 LORI ELLEN DR., SMITHFIELD, RI 02917

FIFTH: The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

THOMAS MASSO
5 LORI ELLEN DR., SMITHFIELD, RI 02917

SIXTH: A brief statement of the character of the business in which the corporation is actually engaged in this state:

TO ENGAGE IN THE BUSINESS OF BUYING, OWNING &
MANAGING REAL ESTATE.

Dated 8/29/96, 19 96

MASBRO, L.L.C.

Exact Name of Limited Liability Company

File Date:	<u>8/30</u>
Check No:	<u>1068</u>
By:	<u>km</u>
For Secretary of State Use Only	

*By

Thomas Masso

*To be signed in the manner required by the home state.

THOMAS MASSO

Title

Pres.