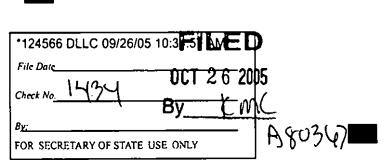


Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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 liabilty company I. ID No. 124566 COMPASS Properties, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation REAL ESTATE DEVELOPMENT **RHODE ISLAND** 5. Principal office address State 266 PUTNAM PIKE SMITHFIELD RI 02917-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title **NICHOLAS** .President VELTRI City State Street Address Zip .SMITHFIELD RI 02917-266 PUTNAM PIKE 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - ("X" BOX FOR ATTACHMENT) \square FILL IN SPACES BEFORE USING ATTACHMENTS 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 Cin Zip City Zip State Manager Name Manager Name Street Address ·Sireci Address Zip Zip State ,Çit) State City 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 VALENTINO D. LOMBARDI 959 MINERAL SPRING AVENUE Zip Address NORTH PROVIDENCE 02904 -

This report must be signed in ink by an authorized person pursuant to 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 contained herein are true and correct.

Signature of Authorized Person

Date

Nicholas Veltri

Print or Type Name of Authorized Person



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

•	mber 1 - November ED OR PRINTED IN BL	1 ● Filing Fee: \$5	0.00				
1. ID No. 124566	2. Exact name of the li	PRINTED IN BLACK) Ict name of the limited liabilty company MPASS Properties, LLC					
State of Formation			e business which is actually conducted t	in Rhode Island			
RHODE ISLAND	REAL EST	ATE DEVELOPMENT					
5. Principal office address 266 PUTNAM PIKE			City SMITHFIELD	State RI	<i>Zip</i> 02917-		
6. MAILING ADDI	RESS_OF LIMITED	LIABILITY COMP.	ANY AND NAME OR TITLE Contact Title	OF CONTACT PE	RSON:		
NICHOLAS VEL	rri		President				
irees Address 266 PUTNAM PIK	Œ		City SMITHFIELD	State RI	<i>Zip</i> 02917-		
NAME AND ADI	FILL INS	PACES BEFORE USIN	LIMITED LIABILITY COME G ATTACHMENTS ("X" BOX FOURES FILING OF AMENDMENT. R	OR ATTACHMENT) 🛭			
fanager Name			•Manager Name •				
Street Address	. 		· Street Address	· Street Address			
City	State	Zip	• City	State	Zip		
Manager Name	J		Manager Name				
Sircei Address	<u> </u>	<u>.</u>	Sircet Address				
City	State	Zıp	City	State	Zip		
	T IN RHODE ISLA	ND -DO NOT ALTER- C	hanges require filing of Fo	orm 642 - R.I.GL.	7-16-11		
Igent Name	OMBARRI		Address 959 MINERAL SPI	DING AVENUE			
VALENTINO D. L	OMBARDI		City City		Zip		
nouress			•	NORTH PROVIDENCE			
This report must be	e signed in ink by	an authorized perso	n pursuant to 7-16-66.				
124566 DLLC 1 File Date 115	0/29/04 08:59:26 / 5 04 2 2	λM	this report, including	g any accompanying nes contained herein a	ffirm that I have examined schedules and statements, are true and correct. OZ - O A Date		
B _Y . V),	_	Nicholas Print or Type Name o				
FOR SECRETARY OF	STATE USE ONLY				Form 632 Rev.		



Corporations Ducision 100 North Main Street Providence RI 02903-1335

401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2003

1978 2 Facts move of the homes indicate company	Filing Period: Septo	ember 1 - November 1	• Filing Fee: \$50	9.00					
124566 COMPASS Properties, LLC									
RHODE ISLAND Real Estate Development This gold-discussions 266 Putnam Pike 6, MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: London Film Nicholas Veltri President Smoth RI 02917 ANY MODIFICATIONS TO 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 AMEDIMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Matager Name Matage									
\$ Prom gool affice address 266 Put nam Pike 6. Mailing address of Limited Liability Company and Name Control of Contact Persons: Contact Name Contact Persons									
\$ Prom gool affice address 266 Put nam Pike 6. Mailing address of Limited Liability Company and Name Control of Contact Persons: Contact Name Contact Persons			•						
266 Putnam Pike 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact libbs Contact libbs			<u>tate Develp</u> i						
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contac	· · · · · ·					_ ·			
				1 = 0 + + 0 + + + + + + + + + + + + + + +	* '-	102917			
Nicholas Veltri Street Address Can Smithfield R I		ESS OF LIMITED LIABII	LITY COMPANY ANI	•	PERSON:				
State Address Some State Sta				<u>.</u>	:				
266 Putnam Pike Smithfield RI					State	120			
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		Pike		•					
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	7 Name and adi	DRESS OF FACH MANAC	FR OF THE LIMITE	: ED HABILITY COMPANY, UF APPL	I ICABLE	•			
Manager Name Street Address Street Address Street Address Cay State Zip Manager Name Manager Name Manager Name Manager Name Street Address Zip Address VALENTINO D. LOMBARDI Address									
Street Address City State Zip City Made Zip Manager Name Manager Name	· A	NY MODIFICATIONS TO	MANAGERS REQU	IRES FILING OF AMENDMENT, R.	1.G.L. 7-16-12 (a)	(2) / 7-16-52			
City State Zip City Made Zip Manager Name Maddress Mirel Address Zip Zip Address Zip Zip Zip Zip	Manager Name	-		Mana _S er Name					
City State Zip City Made Zip Manager Name Maddress Mirel Address Zip Zip Address Zip Zip Zip Zip				•					
Manager Name Street Address Cuy State Zup Cuy State Zup Cuy State Zup	Street Address			Street Address	Street Address				
Manager Name Street Address Cuy State Zup Cuy State Zup Cuy State Zup									
Street Address City State Sta	City	State	Zip	City	State	Z:f:			
Street Address City State Sta									
Cuy State Zip Cuy State Zip Zip State Zip	Mantager Name			Manager Name	Manager Name				
Cuy State Zip Cuy State Zip Zip State Zip									
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address VALENTINO D. LOMBARDI Address Gai Zap	Street Address			SHIVEL ARTHUSS	MINO MININ				
Agent Name Address VALENTINO D. LOMBARDI Address Gri Zip	City	State	Zψ	Cay	State				
Agent Name Address VALENTINO D. LOMBARDI Address Gri Zip	·								
VALENTINO D. LOMBARDI Address Grin Zip	8. RESIDENT AGE	NT IN RHODE ISLAND -	DO NOT ALTER - O	Changes require filing of Form 6	642 - R.I.G.I 7-16	-11			
Address Zip	zweat Name			Address					
	VALENTINO D. LOM	BARDI							
959 MINERAL SPRING AVENUE NORTH PROVIDENCE 02904-	Address								
	959 MINERAL SPRING AVENUE			NORTH PROVIDENCE	NORTH PROVIDENCE 02904-				
· · · · · · · · · · · · · · · · · · ·					<u> </u>				

FILED

DEC 09 2003

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

	*	1 2	4	5 6	6	*
File Date						
Check No						
Bv						
Fo	R SECRETAR	RY OF STAT	E USE ON	LY		

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.

Nicholas Veltri

Print or Type Name of Authorized Person