



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. 124566		2. Exact name of the limited liability company COMPASS Properties, 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 DEVELOPMENT	
5. Principal office address 266 PUTNAM PIKE		City SMITHFIELD	State RI
		Zip 02917-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name NICHOLAS VELTRI		Contact Title President	
Street Address 266 PUTNAM PIKE		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	State	Zip	State
Manager Name	Manager Name	Manager Name	Manager Name
Street Address	Street Address	Street Address	Street Address
City	State	Zip	City
State	State	Zip	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 VALENTINO D. LOMBARDI		Address 959 MINERAL SPRING AVENUE	
Address		City NORTH PROVIDENCE	Zip 02904-

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



1 2 4 5 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.

Signature of Authorized Person

Date

Nicholas Veltri

Print or Type Name of Authorized Person

\*124566 DLLC 09/26/05 10:35 AM **FILED**  
File Date OCT 26 2005  
Check No. 1434  
By KMC  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

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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. 124566		2. Exact name of the limited liability company COMPASS Properties, 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 DEVELOPMENT	
5. Principal office address 266 PUTNAM PIKE		City SMITHFIELD	State RI Zip 02917-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name NICHOLAS VELTRI		Contact Title President	
Street Address 266 PUTNAM PIKE		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
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name VALENTINO D. LOMBARDI		Address 959 MINERAL SPRING AVENUE	
Address		City NORTH PROVIDENCE	Zip 02904-

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



1 2 4 5 6 6

\*124566 DLLC 10/29/04 08:59:26 AM\*

File Date 11/15/04

Check No. 1322

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.

Signature of Authorized Person

11-02-04  
Date

Nicholas Veltri  
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 02903-1535  
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. <b>124566</b>		2. Exact name of the limited liability company: <b>COMPASS Properties, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Real Estate Development</b>	
5. Principal office address <b>266 Putnam Pike</b>		City <b>Smithfield</b>	State <b>RI</b>
		Zip <b>02917</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Nicholas Veltri</b>		Contact Title <b>President</b>	
Street Address <b>266 Putnam Pike</b>		City <b>Smithfield</b>	State <b>RI</b>
		Zip <b>02917</b>	
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
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>VALENTINO D. LOMBARDI</b>		Address	
Address <b>959 MINERAL SPRING AVENUE</b>		City <b>NORTH PROVIDENCE</b>	Zip <b>02904</b>

**FILED**

**DEC 09 2003**

By lmc 66 C13659

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

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

Date

**12/4/03**

**Nicholas Veltri**

Print or Type Name of Authorized Person