



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. 115069		2. Exact name of the limited liability company RENAISSANCE INVESTMENTS, 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 RELATED			
5. Principal office address 10 ALBERT DR		City JOHNSTON	State RI	Zip 02919-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name MATTHEW TRESKA		Contact Title			
Street Address 10 ALBERT DRIVE		City JOHNSTON	State RI	Zip 02919-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE IN SPACES BEFORE USING ATTACHMENTS. <input checked="" type="checkbox"/> BOX FOR ATTACHMENT <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (d) (2) / 7-16-52					
Manager Name MATTHEW TRESKA		Manager Name			
Street Address 10 Albert Drive		Street Address			
City Johnston	State RI	Zip 02919	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. 7-16-1					
Agent Name GLEN J. SCIOTTI, ESQ.		Address 946 PARK AVENUE			
Address		City CRANSTON		Zip 02910-	

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



1 1 5 0 6 9

115069 DLLC 11/29/05 11:42:02 AM

File Date 12/9/05

Check No. 196

By: [Signature]

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] 11/10/05
Signature of Authorized Person Date

[Signature]
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
401.222.3640

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 115069		2. Exact name of the limited liability company RENAISSANCE INVESTMENTS, 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 RELATED	
5. Principal office address 10 ALBERT DR		City JOHNSTON	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MATTHEW TRESCA		Contact Title	
Street Address 10 ALBERT DR		City JOHNSTON	State RI
		Zip 02919	
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 MATTHEW TRESCA		Manager Name	
Street Address 10 Albert Dr.		Street Address	
City JOHNSTON	State RI	City	State
Zip 02919		Zip	
Manager Name [Signature]		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 GLEN J. SCIOTTL ESQ.		Address	
Address 946 PARK AVENUE		City CRANSTON	Zip 02910-

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



* 1 1 5 0 6 9 *

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]
Signature of Authorized Person Date

MATTHEW TRESCA 1-27-05

Print or Type Name of Authorized Person

File Date	2/17/05
Check No.	170
By:	DA
FOR SECRETARY OF STATE USE ONLY	



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. 115069		2. Exact name of the limited liability company RENAISSANCE INVESTMENTS, 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 RELATED BUSINESS	
5. Principal office address 946 PARK AVENUE		City CRANSTON	State RI Zip 02910
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name MATTHEW TRESKA		Contact Title MANAGER	
Street Address 10 ALBERT DR.		City JOHNSTON	State RI Zip 02919
NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY (PRINT NAME) FILL IN SPACES BEFORE TYPING ASSIGNMENT. DO NOT WRITE IN THESE SPACES. ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT (R.I.G.L. § 15-1-12) 7-1-02			
Manager Name MATTHEW TRESKA		• Manager Name	
Street Address 10 ALBERT DR.		• Street Address	
City JOHNSTON	State RI	Zip 02919	• City State Zip
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City State Zip
7. RESIDENT AGENT IN RHODE ISLAND (DO NOT ALTER - Changes require filing of Form 642, R.I.G.L. § 15-1-11)			
Agent Name GLEN J. SCIOTTI, ESQ.		Address	
Address eg 946 PARK AVENUE		City CRANSTON, RI	Zip 02910

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: Matthew Tresca Date: 12/11/03
Print or Type Name of Authorized Person: MATTHEW TRESKA

FILED
File Date: DEC 26 2003
Check No.: By 11522 TGDW
By: _____
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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 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 115069		2. Exact name of the limited liability company RENAISSANCE INVESTMENTS, 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 RELATED BUSINESS	
5. Principal office address 946 PARK AVENUE		City CRANSTON	State RI
		Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MATTHEW TRESKA		Contact Title MANAGER	
Street Address 10 ALBERT DR.		City JOHNSTON	State RI
		Zip 02919	
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 MATTHEW TRESKA		• Manager Name	
Street Address 10 ALBERT DR.		• Street Address	
City JOHNSTON	State RI	City	State
	Zip 02919		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 GLEN J. SCIOTTL, ESQ.		Address	
Address Eg 946 PARK AVENUE		City CRANSTON, RI	Zip 02910

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.

Matthew Tresca 12/11/03
Signature of Authorized Person Date

MATTHEW TRESKA

Print or Type Name of Authorized Person

FILED	
File Date	DEC 20 2003
Check No.	BA115227600
By:	
FOR SECRETARY OF STATE USE ONLY	

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 DLIC 115069

Annual Report for the year 2001

1. The name of the limited liability company is:

RENAISSANCE INVESTMENTS, LLC

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

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: GLEN J. SCIOTTI, ESQ.

946 PARK AVENUE CRANSTON RI 02910-

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: 10 Albert Drive, Johnston, RI 02919

Matthew Tresca - Manager

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate related

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

Matthew Tresca

10 Albert Drive, Johnston, RI 02919

Dated September 26, 2001



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.

Renaissance Investments, LLC

Exact Name of Limited Liability Company

By Matthew Tresca

Matthew Tresca

Manager

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-9-01</u>
Check No.:	<u>3942</u>
By:	<u>[Signature]</u>

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