

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 TY	PED OR P.	RINTED IN BLACK					
1. ID No. 115069	2. Exac	2. Exact name of the limited liabilty company RENAISSANCE INVESTMENTS, LLC					
3. State of Formation		4. Brief description	of the character of the busin	ness which is actually conduct	ted in Rhode Island		
RHODE ISLAND	)	REAL ESTATE	RELATED	,			
5. Principal office ada	lress	<del>^</del>		City	State		Zıp
10 ALBERT DR				JOHNSTON	RI		02919-
CHAPTURE TO	nusia.	Legistore Den	A HER RECOMPLEXA	AND PAYAMISTOR STUTE	ZOTEGONEWOW	photo way	i de la companya de l
Contact Name				Contact Title		r engles	
MATTHEW TRES	SCA			•			
Street Address			· · · · · · · · · · · · · · · · · · ·	City	State		Zip
10 ALBERT DRI	VE			JOHNSTON	RI		02919-
NAME AND A	DRAS	OLEK GERVEN	ACER ON THE LIM	NED LEAR LET DY CO	MIZAN VETITARDA	វាល់ (វាមាន	NAME OF STREET
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	YANY.	ODIFICATIONS	MANAGERS REQUIRES	FIUNG OF AMENDMENT	H. G.L.7-18-12 (a)	(2)/17-18-52	
Manager Name				• Manager Name			M. R. Est. School Street, School Str
MATTHE	EW	TRE-SCA	-	•			
Street Address			-	• Street Address			
10 H/her	t L	TRESCA XIVE		•			
City	,	State 0 -	Zip	*City	State		Zip
Jourst	an.	$\mu_{J-}$	02919	•	ŀ		<b>'</b>
Manager Name				Manager Name			
-	_			<u>.</u>			
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City		I Viata		·			
Cuy		State	Zip	•City	State		Zip
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Agent Name	OT OK	TODE ISLAND	O NOT ALTER-Chang	estequire illing of	Form 642 81.C		To the sale
ngem mume				Address			
GLEN J. SCIOTI	II, ESQ.			946 PARK AVEN	UE		
Address				City	Žip		
				CRANSTON	02910		
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This report must be signed in ink by an authorized person pursuant to 7-16-66.



*115069 DLLC 11/29/05 11:42:02 AM*	
File Date 12/9/85	
Check No. 19b	
By: D	•
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

Print or Type Name of Authorized Person



Corporations Division 100 North Mann 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 T	YPED OR PRIN	TED IN BLACK)					
I/ID/No	2 Ixact	name of the limited	hability contany		_	<del>-</del> -	
115069		RENAISSANCE INVESTMENTS, LLC					
3 State of Formatic	ort	[ 4 Brief description	r of the character of the busines	is which is actually conducted in Rhode	Island		
RHODE ISLAI	ND	REAL ESTAT	E RELATED				
5 Principal office of 10 ALBER			-	City JOHNSTON	State R	I 02919	
6. MAILING AT Contact Name MATTHEW		IMITED LIABIL	ITY COMPANY AND NA	AME OR TITLE OF CONTACT P	PERSON:	'	
Street Address	_			City	State	Zip	
10 ALBERT	DR			JOHNSTON	RI	02919	
Manrager Vanne	_		MANAGERS REQUIRES	FILING OF AMENDMENT, R.1	.G.L. 7-16-12 (	a) (2) / 7-16-52	
MATTHE	EW TI	RESCA					
Show Address 10 Alber	rt D	)r.		Street Address			
JOHNST	ran	State PI	02919	City	State	/ip	
Manager Nave				Manager Name	***************************************	•••••••••••••••••••••••••••••••••••••••	
Street Address		_		Street Address	· ·		
Gih		Stair	Zip	City	State	Zip	
8. RESIDENT A Agent Name	AGENT IN RH	ODE ISLAND -	DO NOT ALTER - Chan	ages require filing of Form 64	i2 - R.I.G.L. 7-	16-11	
GLEN J. SCIOTI	IL ESO.			Gu		Zgp	
946 PARK AVENUE							
0.40 DADI/ 4:				CRANSTON 02910-			

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

MATTHEW TRESCA Print or Type Name of Authorized Person

1-27-05

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: Septe	mber 1 - No	ovember 1 🏓	Filing Fee: \$50.00			
FORM MUST BE TYPE	D OR PRINT	ED IN BLACK)  ne of the limited lia	hilty company			
1. ID No.		-	STMENTS, LLC			
115069	KENAIS	SANUE INVE	the character of the business	s which is actually conducted	in Rhode Island	
3. State of Formation						
RHODE ISLAM	ן שי	KEAL ESTAI	E RELATED BUSI	ME33		141
5. Principal office addre	255			City	State	Zip
OAG DADE AS	FNIIF			CRANSTON	RI	02910
	3 (S/OR)	a William Store Co	TEM VEO MPANYA	PUNTAL OR AUTOM	or confacte	ISON TO WAR A THE
Contact Name			(-h- 40-2 11-14-11-11-11-11-11-11-11-11-11-11-11-1	Contact Title		
MATTHEW TRI	ESCA			<ul> <li>MANAGER</li> </ul>		Tax.
Street Address		-		City	State	Zip
10 ALDEDE I	DR.			· JOHNSTON	RI	02919
	10 10 E	E-Z-O HVANA	HEROLENE EMB	THE SOL	PAN DEMPELI	ARCLAN
		THE REPAIR	THE RELIGION OF	COTATE OF SECURITY OF	TORONTAL HIMENSON	
	ANYMOU	HOMONSTO	ANASERS RETURNES	TENGO PANENDACA	A I GET FIG 12 (A) (2	
Manager Name				• Manager Name		
MATTHEW TRI	FSCA			•		
Street Address				Street Address		
10 ALBERT I	מח			•		
<u></u>		ale	Zip	*City	State	Zip
City	"	RI	02919			<b> </b>
JOHNSTON Manager Name		v	.1	*Manager Name		
Manager Hume				•		
Street Address				Street Address	<del></del>	<del></del>
Sireer Madress				•		
City	- {3	ale	Zip	City	State	Zip
1 '						
& BYSHEN PAGE	NITINKHE	DEISLAND D	ONOTALTER Chang	es require filing of	orm 642_kT(c)	
Agent Name			The Residence of the Party of t	Address		
<b>\</b> _						
GLEN J. SCIOTTI, ESQ.				City	<u> </u>	Zip
				CDANGTON	DT	02910
fg 946 PARK AVENUE				CRANSTON, RI 02910		

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

FILED	
File Date DEC 2 6 2013	
Check No.	
	DEDVO
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

MATTHEW TRESCA

Print or Type Name of Authorized Person

Form 632 Rev. 6/02



## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: Septemb	er I - November 1	<ul><li>Filing Fee: \$50.6</li></ul>	00				
FORM MUST BE TYPED	OR PRINTED IN BLA	CK)					
	Exact name of the lim						
	RENAISSANCE I	INVESTMENTS, LL	<u>C</u>	( n ( ( )			
3. State of Formation	4. Brief descript	ion of the character of the b	usiness which is actually conducte	d in Khode Island			
RHODE ISLAND	REAL ES	STATE RELATED B	USINESS				
5. Principal office address	<u> </u>		City	State	Zip		
946 PARK AVE			CRANSTON	RI	02910		
	SS OF LIMITED	LIABILITY COMPAN	Y AND NAME OR TITLE	OF CONTACT PER	SON:		
Contact Name			Contact Title				
MATTHEW TRES	<u></u>		• MANAGER		<u> </u>		
Street Address	·		City	State	Zip		
10 ALBERT DR	•		· JOHNSTON	RI_	02919		
•	TO CO FILL IN SE	ACES BEFORE USING	IMITED LIABILITY CON ATTACHMENTS ("X" BOX RES FILING OF AMENDMENT.	FOR ATTACHMENT) 📙			
Manager Name	· · · · · · · · · · · · · · · · · · ·		• Manager Name				
MATTHEW TRES	CA		•				
Street Address			Street Address				
10 ALBERT DR	•		•				
City	State	Zip	City	State	Zip		
JOHNSTON	RI	] 029		l			
Manager Name			*Manager Name				
Street Address			Street Address	<del></del>			
Cin-	State	Zip	,City	State	Zip		
	IN RHODÉ ISLAN	D DO NOT ALTER- Ch.	anges regulre filing of	Form 642 - R.I.G.L. 7-	-16-11		
Agent Name			Address				
GLEN J. SCIO	ITI. ESO.			· · · · · · · · · · · · · · · · · · ·	p		
Address	•		City	2	ip .		
fg 946 PARK AV	ENUE		CRANSTON,	CRANSTON, RI 02910			
				-			

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

FILED	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 DEC 2 6 2003  Check No. 2 12 12 2003	Matte Trence 12/11/0 Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	MATTHEW TRESCA  Print or Type Name of Authorized Person  Form 632 8

Form 632 Rev. 6/02

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

#### -**4** De 5

### LIMITED LIABILITY COMPANY

ID	Number DLLC 115069	Annual Report for the year 2001						
The name of the limited liability company is:								
	RENAISSANCE INVESTMENTS, LLC							
2.	The address of the principal office of the lin	nited liability company is:						
3.	The state or other jurisdiction under the lav	vs of which it is formed is RHODE ISLAND						
4.	The name and address of its resident ager	nt is: GLEN J. SCIOTTI, ESQ.						
	946 PARK AVENUE CRANSTON RI 0291	0-						
5.	The current mailing address of the limited	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.		business in which the limited liability company is actually engaged in this						
7.	If the limited liability company has managers, the name and address of each manager of the limited liability company  Name  Address							
	Matthew Tresca	10 Albert Drive, Johnston, RI 02919						
Da	September 26, 2001  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.  Renaissance Investments, LLC  Exact Name of Limited Liability Company						
	FOR SECRETARY OF STATE USE ONLY  Date: 10.9-01  eck No.: 3942	By Matthew Tresca  Title Manager						
By:		Form No. 632 Revised 01/99						