



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. <b>128070</b>		2. Exact name of the limited liability company <b>T &amp; W Enterprises, 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 OWNERSHIP.</b>	
5. Principal office address <b>770 Eddie Dowling Highway</b>		City <b>North Smithfield</b>	State <b>RI</b>
		Zip <b>02896</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Wayne Decelles</b>		Contact Title <b>Manager</b>	
Street Address <b>770 Eddie Dowling Highway</b>		City <b>North Smithfield</b>	State <b>RI</b>
		Zip <b>02896</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 <b>Wayne Decelles</b>		Manager Name <b>Thomas Whalen</b>	
Street Address <b>770 Eddie Dowling Highway</b>		Street Address <b>770 Eddie Dowling Highway</b>	
City <b>North Smithfield</b>	State <b>RI</b>	City <b>North Smithfield</b>	State <b>RI</b>
Zip <b>02896</b>		Zip <b>02896</b>	
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 <b>ALFRED A. RUSSO, JR. ESQ.</b>		Address	
Address <b>1405 PLAINFIELD STREET</b>		City <b>JOHNSTON</b>	Zip <b>02919-</b>

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



File Date	<b>9/12/05</b>	*128070*
Check No.	<b>3212</b>	
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 **9/7/05**  
**Wayne Decelles**  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
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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. <b>128070</b>		2. Exact name of the limited liability company <b>T &amp; W Enterprises, 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 OWNERSHIP.</b>	
5. Principal office address <b>770 Eddie Dowling Highway</b>		City <b>North Smithfield,</b>	State <b>RI</b>
		Zip <b>02896</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Wayne Decelles</b>		Contact Title <b>Manager</b>	
Street Address <b>770 Eddie Dowling Highway</b>		City <b>North Smithfield</b>	State <b>RI</b>
		Zip <b>02896</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 <b>Wayne Decelles</b>		Manager Name <b>Thomas Whalen</b>	
Street Address <b>770 Eddie Dowling Highway</b>		Street Address <b>770 Eddie Dowling Highway</b>	
City <b>North Smithfield</b>	State <b>RI</b>	City <b>North Smithfield</b>	State <b>RI</b>
Zip <b>02896</b>		Zip <b>02896</b>	
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 <b>ALFRED A. RUSSO, JR. ESQ.</b>		Address	
Address <b>1405 PLAINFIELD STREET</b>		City <b>JOHNSTON</b>	Zip <b>02919</b>

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



\* 1 2 8 0 7 0 \*

File Date	<b>9/13/04</b>
Check No.	<b>4753</b>
By:	<b>DA</b>
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 **9/8/04**  
**Wayne Decelles**  
Print or Type Name of Authorized Person

**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 128070		2 Exact name of the limited liability company T & W Enterprises, 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 Ownership	
5 Principal office address 770 Eddie Dowling Highway		City North Smithfield	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Wayne Decelles		Contact Title Manager	Zip 02896
Street Address 770 Eddie Dowling Highway		City North Smithfield	State RI
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		City North Smithfield	State RI
Manager Name Wayne Decelles		Manager Name Thomas Whalen	Zip 02896
Street Address 770 Eddie Dowling Highway		Street Address 770 Eddie Dowling Highway	Zip 02896
City North Smithfield	State RI	City No. Smithfield	State RI
Zip 02896		Zip 02896	
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 ALFRED A. RUSSO, JR. ESQ.		Address	
Address 1405 PLAINFIELD STREET		City JOHNSTON	Zip 02919

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



\* 1 2 8 0 7 0 \*

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 10-10-03

Check No 1892

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Wayne Walker 10/8, 03  
Signature of Authorized Person Date

Wayne Decelles

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*Print or Type Name of Authorized Person*