

# 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

(FORM MUST BE TYPED			rung ree: \$50.00	,				
1. ID No.		2. Exact name of the limited liability company						
128070	T&W	T & W Enterprises, LLC						
3. State of Formation			character of the business u	hich is actually conducted in Rhode Islan	nd			
RHODE ISLAND REAL ESTATE OWNERSHIP.								
5 Principal office address				City	State	Zip		
770 Eddie Dowling Highway				North Smithfield	RI	02896		
6. MAILING ADDRES	SS OF LI	IMITED LIABILITY	COMPANY AND NAM	E OR TITLE OF CONTACT PER	SON:			
Contact Name Wayne	Decel	les		Contact Title Manager				
Street Address 770 Ec	ldie D	owling Highwa	У	North Smithfield	State RI	<sup>хір</sup> 02896		
ANY Manager Name		FILL IN SPACES FICATIONS TO MAN	BEFORE USING ATTA	BILITY COMPANY, IF APPLICAL ACHMENTS ("X" BOX FOR A) ILING OF AMENDMENT, R.I.G.  Manager Name Thomas Whal	TACHMENT L. 7-16-12 (2			
Street Address	-			Street Address	<u> </u>			
770 Eddie Dowling Highway			-	770 Eddie Dowling Highway				
City North Smit	hfiel	State d RI	<sup>Zip</sup> 02896	City North Smithfield	State RI	<sup>2.1p</sup> 02896		
Manager Name				Manager Name				
Street Address				Street Address				
City State Zip			Zip	City	State	Zip		
8. RESIDENT AGENT Agent Name	IN RH	ODE ISLAND - DO 1	NOT ALTER - Change	s require filing of Form 642 -	R.I.G.L. 7, i	6-11		
ALFRED A. RUSSO, JI	R. ESQ.	<u>_</u> _	<u> </u>	- <u></u> -		<del></del>		
Address				City Zip		Zφ		
1405 PLAINFIELD STREET				JOHNSTON 02919-				
						<u> </u>		

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

File Date 9/12/05 -1280	70*
Check No. 32/2	
By:	<del></del>
FOR SECRETARY OF STATE USE ONL	Y

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.

Signofice of Authorized Person

Date

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 401.222.3040

#### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_

2004 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(PORMINOSI BE ITIFED C	JK PKINI	ED IN BIACK)						
1. ID No.	2. Exact	Exact name of the limited liability company						
128070	128070 T & W Enterprises, LLC							
3. State of Formation 4. Brief description of the character of the business which				h is actually o	conducted in Rhode Island			
RHODE ISLAND REAL ESTATE OWNERSHIP.								
5 Principal office address				City		State		Zíp
770 Eddie D	Owlin	ig Highway		Nort	h Smithfield,	RI		02896
6. MAILING ADDRES	S OF L	MITED LIABILITY (	OMPANY AND NAME					02070
Contact Name				Contact Title	•			
Wayne	Decel	les			Manager			
Street Address				City	· · · · · ·	State		Zip
770 Ed	ldie D	owling Highwa	y	North	Smithfield	RI	•	02896
7. NAME AND ADDR	ESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMI	PANY, IF APPLICAB	LE	•	
		FILL IN SPACES I	BEFORE USING ATTAC	HMENTS	("X" BOX FOR ATT	ACHMENT)		
ANY	MODII	FICATIONS TO MAN	AGERS REQUIRES FILI	ING OF AM	IENDMENT, R.I.G.L.	7-16-12 (a	) (2) / 7-16	-52
Manager Name				Manager Name				
Wayne I	ecell)	es		Thom	as Whalen			
Street Address				Street Addre	22			-
770 Edd	lie Do	wling Highway		770	Eddie Dowling	Hichway	,	
City		State	7.ip	City		State		Z(p
North Smithfie	1d	RI	02896	North	.Smithfield	l RI	•	02896
Manager Name				Manager Name				
Street Address				Sirrei Address				
City		State	Zip	City		State		Zip
	, , i		<b>.</b> .	,		1		
	IN RH	ODE ISLAND DO N	OT ALTER - Changes	1 -	ing of Form 642'- I	R.I.G.L. 7-1	6-11	
Agent Name			Address					
ALFRED A. RUSSO, JR	R. ESO							
Address				Ctry Zip			•	
1405 PLAINFIELD STREET			JOHNSTON 02919					

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

2	_	_	_	_	

File Date 9/13/04				
Check No. 4753				
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 heroin are trafe and correct.

Authorized Person Signature

Wayne Decelles

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 401-222-3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_

2003

rung Persoa: Septen (FORM MUST BE TYPED)			• Filing Fee: \$5	0.00					
1 /ID No 128070		T & W Enterprises, LLC							
3 State of Formation		4 Brief description	r of the character of the l	onsmess which is actually conducted in Rhode i	Island	····			
RHODE ISLAND		Real Est	ate Ownership	1					
5. Principal office address				City	State	Zφ			
770 Eddie Dow	vling :	Highway		North Smithfield	l <sub>RI</sub>	02896			
6. MAILING ADDRES	SS OF LI	MITED LIABII	ITY COMPANY AN	D NAME OR TITLE OF CONTACT P		1 020 70-			
Contact Name Wayne Decelle	es			Contact Tide Manager	•				
Street Address				City	State	Zip			
770	Eddie	Dowling H:	ighway	North Smithfield	RI	02836			
				GATTACHMENTS ("X" BOX FOR HRES FILING OF AMENDMENT, R.I.  Manager Name  Thomas Whalen  Street Address	CHMENTS ("X" BOX FOR ATTACHMENT)  LING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52  Manager Name  Thomas Whalen				
770 Eddie Dow	viing		<del></del>		ng nighway				
North Smithfi	Leld	State R1	<sup>Zip</sup> <b>02896</b> ;	Con- No. Smithfield	State RI	$\begin{array}{c c} z_{\Psi} \\ 02896 \end{array}$			
Manager Name	•	•	••••••••••	Manager Name	••••••				
Street Address			Street Address	Street Address					
City		State	Zip	City	City State Zip				
8. RESIDENT AGENT Agent Name ALFRED A. RUSSO, JR		ODE ISLAND -	DO NOT ALTER -	Changes require filing of Form 64  Address	i2 - R.I.G.L. 7-1	6-11			
Address 1405 PLAINFIELD STREET			Gily: JOHNSTON	1 * 7					

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 Daie	10-10-03	
Check No	1892	
By:	<u> </u>	
	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affi including any accompanying schedules and	•
contained herein are true and correct.	
We me Don No.	10/8,03
Signature of Authorized Person	Date
Wayne Decelles	

Print or Type Name of Authorized Person