



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 101775		2. Exact name of the limited liability company CANNOLI, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUISITION AND MANAGEMENT OF BUSINESS REAL ESTATE			
5. Principal office address 170 Royal Little Drive		City Providence	State RI Zip 02904		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Lisa M. Ronci		Contact Title Member			
Street Address 170 Royal Little Drive		City Providence	State RI Zip 02904		
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	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. 7-16-11					
Agent Name STEPHEN E. BREGGIA			Address		
Address 395 SMITH STREET			City PROVIDENCE	Zip 02908	

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



File Date	11-4-05	*101775*
Check No.	4382	
By:	Amr	
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 11/2/05
Lisa M. Ronci, Member
Print or Type Name of Authorized Person



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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)

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		Zip 02904	
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Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 STEPHEN E. BREGGIA		Address	
Address 395 SMITH STREET		City PROVIDENCE	Zip 02908

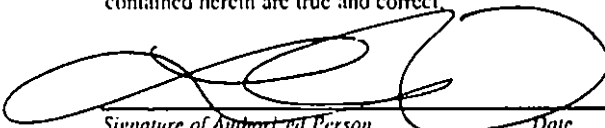
This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 0 1 7 7 5 *

File Date	<u>10/6/04</u>
Check No.	<u>3873</u>
By:	<u>LS</u>
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 10-4-04
Lisa M. Ronci, Member
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
401-222-5940

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. 101775		2. Exact name of the limited liability company CANNOLI, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUISITION AND MANAGEMENT OF BUSINESS REAL ESTATE			
5. Principal office address 170 Royal Little Drive		City Providence	State RI	Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Lisa M. Ronci			Contact Title Member		
Street Address 170 Royal Little Drive		City Providence	State RI	Zip 02904	
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	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. 7-16-11					
Agent Name STEPHEN E. BREGGIA			Address		
Address 395 SMITH STREET		City PROVIDENCE	Zip 02908		

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



File Date	9-26-03
Check No	3408
By	de
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
September 23, 2003
Date
Lisa M. Ronci, Member
Print or Type Name of Authorized Person



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. 101775		2. Exact name of the limited liability company CANNOLI, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUISITION AND MANAGEMENT OF BUSINESS REAL ESTATE	
5. Principal office address 170 Royal Little Drive		City Providence	State RI
		Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Lisa M. Ronci		Contact Title Member	
Street Address 170 Royal Little Drive		City Providence	State RI
		Zip 02904	
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	City	State
Zip		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 STEPHEN E. BREGGIA		Address	
Address 395 SMITH STREET		City PROVIDENCE	Zip 02908

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



★ 1 0 1 7 7 5 ★

File Date	8-1-03
Check No.	3324
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] July 31, 2003
Signature of Authorized Person Date
Lisa M. Ronci, Member
Print or Type Name of Authorized Person

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 DLLC 101775

Annual Report for the year 2001

1. The name of the limited liability company is:

CANNOLI, LLC

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

170 Royal Little Drive, Providence, RI 02904

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: STEPHEN E. BREGGIA

395 SMITH STREET PROVIDENCE RI 02908

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: Lisa M. Ronci

170 Royal Little Drive, Providence, RI 02904

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Acquisition and management of business real estate.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company
- | <i>Name</i> | <i>Address</i> |
|-------------|----------------|
|-------------|----------------|

Dated _____



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.

CANNOLI, LLC

Exact Name of Limited Liability Company

By

Lisa M. Ronci, Member
Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date: 1-7-02

Check No.: 2442

By: De

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

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 DLLC 101775

Annual Report for the year 2000

1. The name of the limited liability company is:
CANNOLI, LLC
2. The address of the principal office of the limited liability company is:
14 Apple Ridge Road, Cumberland, RI 02864
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: STEPHEN E. BREGGIA
395 SMITH STREET PROVIDENCE RI 02908
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: Lisa M. Ronci
14 Apple Ridge Road, Cumberland, RI 02864
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Acquisition and management of business real estate.
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

<i>Name</i>	<i>Address</i>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Dated



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.

CANNOLI, LLC

Exact Name of Limited Liability Company

By 

Lisa M. Ronci, Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10/6

Check No.: 2161

By: re

Form No. 632
Revised 01/99

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 LL 101775

Annual Report for the year 1999

1. The name of the limited liability company is:
CANNOLI, LLC
2. The address of the principal office of the limited liability company is:
50 Abbott Valley Run Road, #1902, Cumberland, RI 02864
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: STEPHEN E. BREGGIA
395 SMITH STREET PROVIDENCE, RI 02908
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: Lisa M. Ronci
50 Abbott Valley Run Road, #1902, Cumberland, RI 02864
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Acquisition and management of business real estate.
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

NameAddress

Dated _____



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.

CANNOLI, LLC

Exact Name of Limited Liability Company

By Lisa M. Ronci
Member

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>8-31-99</u>
Check No.:	<u>1544</u>
By:	<u>AMF</u>