

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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

Matthew A. Brown, Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2005

(FORM MUST RE TYPED			Frung Fee: 350.00				
1. ID No 101775	2. Exact :	name of the limited liability company LI, LLC					
3. State of Formation RHODE ISLAND			the character of the hustness or D MANAGEMENT OF BUS	bleb is actually conducted in Rhode I SINESS REAL ESTATE	sland	•	
5. Principal office address 170 Royal		e Drive		Providence	State RI		21p 02904
6. MAILING ADDRE Contact Name Lisa M. Ro		MITED LIABILIT	Y COMPANY AND NAMI	E OR TITLE OF CONTACT P Contact Title Member	ERSON:	-	
Siren Address 170 Royal	Littl	e Drive		City Providence	State RI		2ip 02904
		FILL IN SPACE	ES BEFORE USING ATTA	BILITY COMPANY, IF APPLIC CHMENTS ("X" BOX FOR LING OF AMENDMENT, R.I. Manager Name	ATTACHMENT	· - -	5-52
Street Address				Street Address			
Cuy		State	Zip	City	State		Zip
Manager Name	•••••••	••••••		Alanager Name			
Street Address				Sinvi Address			
City		State	Zip	City	State		Zip
8. RESIDENT AGENT Agent Name STEPHEN E. BREGGI		ODE ISLAND - DO	O NOT ALTER - Changes	s require filing of Form 64 Address	2 - R.I.G.L. 7-1	6-11	
Address 395 SMITH STREET				PROVIDENCE Zip 02908			

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

File Dase	11-4-05 101775	
Check No.	4382	
By:	Amr-	
ı	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

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 Direston 100 North Main Street Providence, RI 02903-1335 401.222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2004

FORM MUST BE TYPE!			71111g 7 cc. 930.00						
1. IID No 101775		Exact name of the limited liability company ANNOLI, LLC							
3. State of Formation 4. Brief description of the character of the bus ACQUISTION AND MANAGEMENT (•	sland				
5. Principal office addre	22	<u></u>		City	State		Zip		
170 Royal I	Little	e Drive		Providence	RI		02904		
Contact Name		IMITED LIABILITY	COMPANY AND NA	Contact Title	E OR TITLE OF CONTACT PERSON:				
Lisa M. Ro	ncı			Member			T		
<i>Synct Address</i> 170 Royal I	Little	e Drive		Cuy Providence	State RI		2iρ 02904		
		FILL IN SPACE	S BEFORE USING AT	ABILITY COMPANY, IF APPLIC TACHMENTS ("X" BOX FOR FILING OF AMENDMENT, R.I. Manager Name	ATTACHMENT)		5-52		
Street Address		-		Street Address					
Сиу		State	Zip	City	State		Z(p		
Manager Name		J		Manager Name	, 	•••••••	J		
Street Address				Street Address					
City	}	State	Zip	City	State		Ζιρ		
8. RESIDENT AGEN Agent Name STEPHEN E. BREGO		ODE ISLAND - DO	NOT ALTER - Chang	ges require filing of Form 64	2 - R.I.G.L. 7-1	6-11	1		
Address				City		Zip			
395 SMITH STREET			PROVIDENCE	I -					

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



File Date 10 6 04
Check No. 3873
ву:
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 Da

Lisa M. Ronci, Member Print or Type Name of Authorized Person 10-4-04



MITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

Corporations Division 100 North Main Street Providence, RI 02903-1335

401-222-3040

2003

Filing Period: Sept FORM MUST BETYPE		**	ee: \$50,00					
1 //2 No 101775	2 Exact name	of the familied hability company			··			
3 State of Formation 9 B		of description of the character :	of the basiness which is actually conducted in Rhod	e Island				
RHODE ISLAND ACQUISTION AND MANAGEMENT			MENT OF BUSINESS REAL ESTATE					
5. Principal office addre	(n)	 	Ca)v	State	791			
170 Royal	Little D	rive	Providence	RI	02904			
			Y AND NAME OR TITLE OF CONTACT	PERSON:	ı			
Contact Same			Contact Title					
Lisa M. Ronci			Member	Member				
Street Address		·	ϵu_1	State	Zip			
170 Royal	Little D	rive	Providence	RI	02904			
	FI	LL IN SPACES BEFORE	IMITED LIABILITY COMPANY, IF APPI USING ATTACHMENTS - ("X" BOX FO REQUIRES FILING OF AMENDMENT, R.	R ATTACHMENT) 🗌	7-16-52			
Menage Name			Menager Name	Manager Name				
Street Address			Stoot Address	Street Address				
Cit ₁	State	Zip	Cay	State	Zψ			
lanaggy Name			: Manaver Name	* Manager Name				

Manager Name

Street Address

Address

PROVIDENCE

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

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State

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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

By ___ FOR SECRETARY OF STATE USE ONLY

Street Address

Agent Name

addiess

STEPHEN E. BREGGIA

395 SMITH STREET

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.

State

Signature of Authorized Person

 $Z\psi$

02908

Lisa M. Ronci, Member

Print or Type Name of Authorized Person



Edward S. Inman, 111, 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) I. ID No. 2. Exact name of the limited liabilty company 101775 CANNOLI, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **ACQUISTION AND MANAGEMENT OF BUSINESS REAL ESTATE RHODE ISLAND** State 5. Principal office address Zip 170 Royal Little Drive Providence RI 0.29.046. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title Member Lisa M. Ronci Street Address State 170 Royal Little Drive . Providence 02904 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. 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 State Zip Manager Name Manager Name Street Address Street Address Zip City State Zip State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address STEPHEN E. BREGGIA Zip Address **395 SMITH STREET PROVIDENCE** 02908

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



File Date	8-1-03	
Check No.	3324	
B <u>y:</u>	di	
FOR SECRET	ARY 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 before are true and correct.

and that all statements contained herom are true and correct.

July 31), 2

Signature of Authorized Person

Date

Lisa M. Ronci, Member

Print or Type Name of Authorized Person

2003

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



ID Number DLLC 101775

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



Annual Report for the year 2001

1.	The name of the limited liability comp	any is:					
	CANNOLI, LLC						
2.	The address of the principal office of	the limited liability company is:					
	170 Royal Little Driv	e, 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	t agent is: STEPHEN E. BREGGIA					
	395 SMITH STREET PROVIDENCE RI 02908						
5 .	The current mailing address of the lin	nited liability company and the name or title of a person to whom communications					
	may be directed are:						
		yal 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 m	nanagement of business real estate.					
		anagers, the name and address of each manager of the limited liability company					
	Name	Address					
	-						
	,						
Date	ed	Under penalty of perjury, I declare and affirm that I have examined this					
	KI MAN ESIAN WEN IAAN IAAR AK	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
		CANNOLI, LLC					
	1 0 1 7 7 5	Exact Name of Limited Liability Company					
	FOR SECRETARY OF STATE USE ONLY Date: /- 7- 1/7	Ву					
	Date: 1-7-02 Sk No.: 2662	Lisa M. Ronci, Member					
CITC	-1/0/02	Title Form No. 632					

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

Revised 01/99



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	e ilmited ilability company is:						
	14 Apple Ridge Road, Cu	mberland, 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 a	gent is: STEPHEN E. BREGGIA						
	395 SMITH STREET PROVIDENCE R	11 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 man	agement of business real estate.						
7.	If the limited liability company has mane	agers, the name and address of each manager of the limited liability company **Address**						
De	nted	Under penalty of perjury, I declare and affirm that I have examined this						
Da		report, including any accompanying schedules and statements, and						
		that all statements contained herein are true and correct.						
	8; 8 10 1 1 1 1 1 1 1 1	CANNOLI LLC Exact Name of Limited Liability Company						
File	FOR SECRETARY OF STATE USE ONLY Date: /O/W	Ву						
(Che	ock No.: 2161	Lisa M. Ronci, Member						
	7	<i>Title</i> Form No. 632						

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

	LIMITED LIABILITY COMPANY							
ID	Number <u>LL 101775</u>	Annual Report for the year 1999	_					
1.	The name of the limited liability company is	s:						
	CANNOLI, LLC							
2.	The address of the principal office of the life	mited liability company is:						
	50 Abbott Valley Run Road,	#1902, Cumberland, RI 02864						
3.	The state or other jurisdiction under the law	ws of which it is formed is RHODE ISLAND						
4.	The name and address of its resident ager	nt 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 who						
	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 actua	lly engaged in this					
	state: Acquisition and manage	ement of business real estate.						
7.	If the limited liability company has manage Name	rs, the name and address of each manager of the limited Address	liability company					
Da	ted	Under penalty of perjury, I declare and affirm that I h report, including any accompanying schedules and						
		that all statements contained herein are true and correct	ot.					
	T TOOLOT THEY SELECT WASHINGTON TO SELECT THE THEFT	CANNOLI, LLC						
	* U / / 5 *	Exact Name of Limited Liability Company	->\					
	FOR SECRETARY OF STATE USE ONLY Date: 3-2/-90/	By_ Lisa M. Ronci						
		Member						
Che	ck No.: 1544	Title	F					
Ву:	AMF		Form No. 632 Revised 01/99					