

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

111475		2. Exact name of the limited liability company PISANO & ASSOCIATES, LLC				
3. State of Formation 4. Brief description of the character of the busine RHODE ISLAND BUSINESS CONSULTATION AND RET			•	ode Island		
5 Principal office at	ddress Tht St., Bldg.	#1, Box 105	City Warwick	State RI	^{Zip} 0 2 8 8 6	
6. MAILING AD Contact Name Francis		LITY COMPANY AND NA	ME OR TITLE OF CONTAC Contact Title	T PERSON:	· · · · · · · · · · · · · · · · · · ·	
Street Address 334 Knig	ght St., Bldg.	#1, Box 105	Gig Warwick	State RI	02886	
Manager Name			FILING OF AMENDMENT, Manager Name			
Street Address			Street Address			
Street Address City	State	Zψ	Street Address City	State	Zip	
	State	Zip		State	Zip	
City	State	Zψ	City	State	Zíp	
City Manager Name	State State	Zip Zip	City Manuger Name	State	Zip	
City Manager Name Street Address City 8. RESIDENT A- Agent Name	State GENȚ IN RHODE ISLAND	Zιp	City Manager Name Street Address	State	Zip	
City Manager Name Street Address City 8. RESIDENT A- Agent Name	State	Zιp	City Manager Name Street Address City ges require filing of Form	State n 642 - R.I.G.L. 7-16-1	Zip	

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

File Date 10/18	1/05	*111475*	
Check No. 1861			
Ву:00			_
FOR SECRETA	RY OF STATE	USE ONLY	1

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.

1

Signature of Authorized Person

Date

Francis Pisano

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, Rt 02903-1335

2004

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK)

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111475		Exact name of the limited hability company SANO & ASSOCIATES, LLC				
3 State of Formation RHODE ISLAND		of the character of the histi ISULTATION AND RET	ness which is actually conducted in Rhos FAIL SALES	le Island		
5. Principal office address 334 Knight	St., Bldg.#1,	Box 105	Guy Warwick	State RI	²⁴⁹ 02886	
Contact Name	ss of Limited Liabili ces Pisano	TY COMPANY AND I	NAME OR TITLE OF CONTACT Contact Title	OR TITLE OF CONTACT PERSON: Contact Title		
Since Address 334 Knight	St., Bldg.#1,	Box 105	^{Cuy} Warwick	State RI	^{zip} 02886	
	FILL IN SPAC	CES BEFORE USING	LIABILITY COMPANY, IF APP ATTACHMENTS ("X" BOX FO ES FILING OF AMENDMENT, R Manager Name	OR ATTACHMENT)	_	
Street Address			Sinct Address	Sirect Address		
City:	State	Zф	City	State	Ztp	
Manager Nunc			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zq	
8. RESIDENT AGENT Agent Name CHRISTOPHER P. COR		OO NOT ALTER - Cha	Addinss	642 · R.I.G.L. 7-16	.11	
Address 400 RESERVOIR AVENUE, SUITE 3L			PROVIDENCE		Zip 02907•	

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



File Date _	11/30/04
Check No	1634
Ву:	W ,
F	OR 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 berein are true and correct

1 Pos

Date

Significate of Authorized Person

Frances Pisano

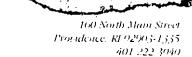
Print or Type Name of Authorized Person



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

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Matthew A. Brown, Secretary of State



2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

BUSINESS CONSULTATION AND RETAIL SALES RHODE ISLAND 5. Provipai office address 334 Knight Street, Bldq.#1 Box 105 Warwick RI 02886 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Frances Pisano Micel Zildress ChState 334 Knight Street, Bldg.#1 02886 Box 105 Warwick RΙ 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS $("X" BOX FOR ATTACHMENT) \square$ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Maninger Name Manager Name Street Address Street Address $Z\phi$ Memager Name Socet Address Street Address :át) State Zφ CH2ф 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 CHRISTOPHER P. CORBETT, ESQ. Zφ 02888-422 POST ROAD, SUITE 101 WARWICK

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



File Date 11 18 05

Check No 140

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.

-/1/MUD (L.)

Date

Frances Pisano

Pent or Type Name of Authori; ed Person



Edward S. Inman, III. 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

			UMPANY ANNU 1 • Filing Fee: \$50.00	AL REPORT FO	RTHEY	EAR
(FORM MUST BE TYPE 1. ID No. *111475*	2. Exact	nanie of the limited liability company NO & ASSOCIATES, LLC				
3. State of Formation RHODE ISLAND 4. Brief description of the character of the h BUSINESS CONSULTATION AND					n Rhode Island	· ·
5. Principal office addres	ss Gnt	Street	Bld 1 BOX105	Warwick	State R I	02886
6. MAILING ADDR Coniaci Name FRANCES PISAI		F LIMITED	LIABILITY COMPANY	AND NAME OR TITLE O	OF CONTACT	PERSON:
Street Address 334 KNIGHT ST.		•		City WARWICK	State R I	Zip 02986
7. NAME AND AUT		FILL IN S	PACES BEFORE USING AT	ITED LIABILITY COMP. TACHMENTS ("X" BOX FO S FILING OF AMENDMENT. R.I *Manager Name	R ATTACHMENT) [
Sireei Address				Street Address		
City		State	Zip	*City	State	Zip
Manager Name	,	• • • • •		Manager Name	!	
Street Address				·Sireei Address	- 	
City		State	Zip	.Ciŋ·	State	Ζιρ
8. RESIDENT AGEN Agent Name CHRISTOPHER F				ges require filing of Fo		L. 7-16-11
Address				City		Zip
			······································	WARWICK		02888-

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

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**111475	* 11/21/025:31:04 PM* /ンン・23 - 0 ユ
Check No.	1647
В <u>у-</u>	
FOR SECR	ETARY 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.	
Francis alisano	
Signature of Authorized Person Dote	
FRANCES A. PISANO	
Print or Type Name of Authorized Person	



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 1	111475
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Annual Report for the year 2001

1.	The name of the limited liability company is: PISANO & ASSOCIATES, LLC					
2.	The address of the principal office of the limited liability company is:					
261	Wickenden St., Providenc	e, RI 02903				
3.	The state or other jurisdiction under the I	er the laws of which it is formed is RHODE ISLAND				
4.	ent is: CHRISTOPHER P. CORBETT, ESQ.					
	422 POST ROAD, SUITE 101 WARWIG	CK RI 02888-				
5.	The current mailing address of the limite	d liability company and the name or title of a person to whom communications				
	may be directed are: Frances Pis	ano, 261 Wickenden St., Providence, RI 02903				
6.	A brief statement of the character of the	ne business in which the limited liability company is actually engaged in this				
	state: Business Consultation	on & Retail Sales				
7.	If the limited liability company has manag	gers, the name and address of each manager of the limited liability company Address				
	Frances Pisano	261 Wickenden St., Prov. RI 02903				
Da	ted9/20/01	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.				
		PISANO & ASSOCIATES, LLC Exact Name of Limited Liability Company				
	FOR SECRETARY OF STATE USE ONLY Date: 9-28-0/	By Frances Pisano Frances a. Pisano				
Che		Manager				
Ву:	ck No.: 1292	Title Form No. 632 Revised 01/99				