



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. 126975		2. Exact name of the limited liability company Smithfield Estates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island acquiring, owning, developing, leasing, selling and otherwise dealing in and with real estate	
5. Principal office address 99 Hillside Drive		City NORTH PROVIDENCE	State RI
		Zip 02911-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name FRANK H IANNUCCI, JR		Contact Title .	
Street Address 99 HILLSIDE DRIVE		City NORTH PROVIDENCE	State RI
		Zip 02911	
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. 7-16-12 (a) (2) / 7-16-52			
Manager Name .		Manager Name .	
Street Address .		Street Address .	
City .	State .	Zip .	City .
State .	Zip .	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 KAREN G. DELPONTE, ESQ.		Address 56 EXCHANGE TERRACE	
Address CAMERON & MITTLEMAN LLP		City PROVIDENCE	Zip 02903

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



1 2 6 9 7 5

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.

Frank H. Iannucci Jr. 9-16-05
Signature of Authorized Person Date

FRANK H. IANNUCCI JR.

Print or Type Name of Authorized Person

126975 DLLC 09/17/04 02:52:33 PM
File Date - 10/21/05
Check No. 10069 C50141
By: *KML*
FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
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Matthew A. Brown, Secretary of State
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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		Zip 02911-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name FRANK H IANNUCCI, JR		Contact Title .	
Street Address 99 HILLSIDE DRIVE		City NORTH PROVIDENCE	State RI
		Zip 02904-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE IN SPACES BEFORE USING ATTACHMENTS FOR 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
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
Agent Name		Address	
KAREN G. DELPONTE, ESQ.		56 EXCHANGE TERRACE	
Address		City	Zip
CAMERON & MITTLEMAN LLP		PROVIDENCE	02903-

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



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File Date 11/12/04

Check No. 10061 C 49811

By: KML

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.

Frank H. Iannucci Jr. 10-19-04
Signature of Authorized Person Date

FRANK H. IANNUCCI JR.
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)

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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island acquiring, owning, developing, leasing, selling and otherwise dealing in and with real estate	
5. Principal office address 99 Hillside Drive		City North Providence	State RI
		Zip 02911	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Frank H. Iannucci, Jr.		Contact Title	
Street Address 99 Hillside Drive		City North Providence	State RI
		Zip 02911	
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	City	State	Zip
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	City
State	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 KAREN G. DELPONTE, ESQ.		Address 56 EXCHANGE TERRACE	
Address CAMERON & MITTLEMAN LLP		City PROVIDENCE	Zip 02903-

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



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126975 DLLC 09/12/03 10:20:37 AM

File Date 10/30/03

Check No. - 10048 C10450

By: KMC

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.

Frank H. Iannucci, Jr. 9-25-03
Signature of Authorized Person Date

FRANK H. IANNUCCI, JR.
Print or Type Name of Authorized Person