

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

I. ID No.	2. Exact name of the l	imited liabilty company						
126975	Smithfield Estate	field Estates, LLC						
3. State of Formation			e business which is actually conducted					
RHODE ISLANI	D acquirin		pping, leasing, selling	and otherwis	e dealing in and width			
5. Principal office ad	dress		City	State	Zip			
99 Hillside	Drive		NORTH PROVIDENC	CE RI	02911-			
6:MAILING AD	DRESS OF LIMITE	LIABILITY COMP.	ANY AND NAME OR TITLE	OF CONTACT	PERSON:			
Contact Name			Contact Title					
FRANK H IANN	TUCCI, JR		•					
Sireei Address			City	State	Zip			
9 HILLSIDE	DRIVE		NORTH PROVIDE	NCE RI	02911			
			UIRES FILING OF AMENDMENT. F					
fanager Name			•Manager Name •					
			• Manager Name • • • Street Address		 			
Sireei Address	State	Zip		State	Zip			
Sireei Address	State	Zip	• Street Address	State	Zip			
Aanager Name Street Address City Manager Name Street Address	State	Zip	Street Address City	State	Zip			
City Manager Name	State	Zip	*Street Address *City *Manager Name	State	Zip			
City Manager Name Street Address City RESIDENT AG	State	Zip	Street Address City Manager Name Street Address City hanges require filling of F	State	Zip			
City Manager Name Street Address City Street Address City	State	Zip	*Street Address *City *Manager Name *Street Address City	State	Zip			
City Manager Name Street Address City B. RESIDENT AG	State State ENT-IN RHODE ISLA	Zip	Street Address City Manager Name Street Address City hanges require filling of F	State	Zip			
Street Address City Manager Name Street Address City	State State ENT-IN RHODE ISLA	Zip	*Street Address *City *Manager Name *Street Address *City hanges require filling of F	State	Zip			

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



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File Date - O	21/05	<u> </u>
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FOR SECRETARY	OF STATE U	ISE 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.

Print or Type Name of Authorized Person



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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYP			1 CK)	30.00					
1. ID No. 126975		name of the limited liabilty company							
L	Smith	field Estates, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island							
3. State of Formation			•		•				
RHODE ISLAND		acquiring real esta	, owning, devel ite	oping, leasing, 	selling and	otherwis	e dealing	; in and width	
5. Principal office addi				City		State		Zip	
99 Hillside D	rive			NORTH 1	PROVIDENCE	RI		02911-	
6. MAILING ADD Contact Name FRANK H IANNU			LIABILITY COMP	ANY AND NAME Contact Title		ONTACT	ERSON:	· · · · · · · · · · · · · · · · · · ·	
Street Address			-	City		State		Zip	
99 HILLSIDE D	RIVE			NORTH	PROVIDENCE	RI		02904-	
Manager Name	ANY MO	DIFICATIONS	PACES BEFÜRE USIN 5 TO MANAGERS REQ	• Manager N	ENDMENT, R.I.G.L	7-16-12 (a) (2) / 7-16- 52		
Street Address	_			Street Addre	t2				
City		State	Zip	Ciry		State		Zip	
Manager Name				Manager No	n		• • • • •	1	
Street Address				Street Addre	5.5		<u>-</u>		
City		State	Zip	City		State		Zip	
8. RESIDENT AGE	NT IN RE	IODE ISLAN	D DO NOT ALTER- C	hanges require	filing of Form	642 - R.I.G.	. 7-16-11		
Agent Name				Address		*			
KAREN G. DELP	ONTE, I	ESQ.		56 EXC	HANGE TERRAC	E			
Address			City				Zip		
CAMERON & MITTLEMAN LLP			PROVID	PROVIDENCE 02903-					

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



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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.

Print or Type Name of Authorized Person

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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

IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPE	D OR PRINTED IN BL.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1. ID No. 126975	2. Exact name of the lite Smithfield Estates						
3. State of Formation	4. Brief descrip	otion of the character of th	ne business which is actually cor	nducted in Rhode Island			
RHODE ISLAND	real esta		oping, leasing, sell	ling and otherwise	dealing in and with		
5. Principal office addre.	ររ	-	City	State	Zip		
99 Hillside	Drive		North Prov	idence RI	02911		
6. MAILING ADDR	ESS_OF LIMITED	LIABILITY COMP	ANY AND NAME OR TI	TLE OF CONTACT P			
Frank H. Ia	nnucci, Jr.		•				
Sircei Address			City	State	Zip		
99 Hillside	Drive		North Pro	vidence RI	02911		
7. NAME AND ADD	FILL IN S	PACES BEFORE USIN	LIMITED LIABILITY. G ATTACHMENTS ("X" UIRES FILING OF AMENDM	BOX FOR ATTACHMENT)			
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 AGEN	T IN RHODE ISLAN	D -DO NOT ALTER- C	hanges require filing	of Form 642 - R.I.G.L	. 7-16-11		
Agent Name			Address	**************************************			
KAREN G. DELPONTE, ESQ.			56 EXCHANG	56 EXCHANGE TERRACE			
Address			City	City Zip			
CAMERON & MITTLEMAN LLP			PROVIDENCE		02903-		
n - 1							

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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. Print or Type Name of Authorized Person