



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. R4077		2. Exact name of the limited liability company 1704 ASSOCIATES, II, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING, LEASING AND DEALING IN REAL PROPERTY			
5. Principal office address 1704 BROAD STREET		City CRANSTON	State RI	Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JONATHAN V KALANDER		Contact Title			
Street Address 146 WESTMINSTER STREET		City PROVIDENCE	State RI	Zip 02903-	
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 Michael C. Artesani		Manager Name			
Street Address 1704 Broad Street		Street Address			
City Cranston	State RI	Zip 02905	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 JONATHAN V KALANDER, ESQ.		Address 146 WESTMINSTER STREET			
Address KALANDER & SHAW, LTD.		City PROVIDENCE	Zip 02903		

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



8 4 0 7 7

*R4077 DLIC 09/08/05 12:22:45 PM*	
File Date	11/10/05
Check No.	3001 C 81955
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.

*Michael C. Artesani*  
Signature of Authorized Person Date  
Michael C. Artesani  
Print or Type Name of Authorized Person

05:11 PM 8-16-10



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

Mathew 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)

1. ID No. 84077		2. Exact name of the limited liability company 1704 ASSOCIATES, II, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING, LEASING AND DEALING IN REAL PROPERTY			
5. Principal office address 1704 BROAD STREET		City CRANSTON	State RI	Zip 02905	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name JONATHAN V KALANDER			Contact Title .		
Street Address 146 WESTMINSTER STREET		City PROVIDENCE	State RI	Zip 02903 -	
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.L.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name Michael C. Artesani		*Manager Name William A. Artesani, III			
Street Address 1704 Broad Street		*Street Address .1704 Broad Street			
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
*Manager Name .		*Manager Name .			
Street Address .		*Street Address .			
City .	State .	Zip .	City .	State .	Zip .
<b>8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11</b>					
Agent Name JONATHAN V. KALANDER, ESQ.		Address 146 WESTMINSTER STREET			
Address KALANDER, SHAW & JANNEY, LTD.		City PROVIDENCE		Zip 02903	

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



8 4 0 7 7

*84077 DLLC 09/13/04 05:16:16 PM*	
File Date	11/1/04
Check No.	4351
By:	DA
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.

*Michael C. Artesani* 10/17/04  
Signature of Authorized Person Date  
**MICHAEL C ARTESANI**  
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)

1. ID No. 84077		2. Exact name of the limited liability company 1704 ASSOCIATES, II, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING, LEASING AND DEALING IN REAL PROPERTY			
5. Principal office address 1704 BROAD STREET		City CRANSTON	State RI	Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JONATHAN V KALANDER		Contact Title			
Street Address 146 WESTMINSTER STREET		City PROVIDENCE	State RI	Zip 02903-	
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 Michael C. Artesani		Manager Name William A. Artesani, III			
Street Address 1704 Broad Street		Street Address 1704 Broad Street			
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
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 JONATHAN V. KALANDER, ESQ.		Address 146 WESTMINSTER STREET			
Address KALANDER, SHAW & JANNEY, LTD.		City PROVIDENCE	Zip 02903		

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



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\*84077 DLLC 09/05/03 11:25:23 AM\*  
File Date 10 20 03  
Check No. 4141  
By: ai  
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.

Michael C. Artesani 10/1/03  
Signature of Authorized Person Date

MICHAEL C ARTESANI  
Print or Type Name of Authorized Person



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

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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *84077*		2. Exact name of the limited liability company 1704 ASSOCIATES, II, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING, LEASING AND DEALING IN REAL PROPERTY			
5. Principal office address 1704 BROAD STREET		City CRANSTON	State RI	Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JONATHAN V KALANDER			Contact Title		
Street Address 146 WESTMINSTER STREET		City PROVIDENCE	State RI	Zip 02903-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILE IN SPACES BEFORE USING ATTACHMENTS - <input type="checkbox"/> BOX FOR ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Michael C. Artesani		*Manager Name William A. Artesani III			
Street Address 1704 Broad Street		*Street Address 1704 Broad Street			
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
*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 JONATHAN V. KALANDER, ESQ.			Address 146 WESTMINSTER STREET		
Address KALANDER, SHAW & JANNEY, LTD.		City PROVIDENCE	Zip 02903		

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



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.

\*84077 DLLC9/5/022:35:59 PM\*

File Date 10.21.02

Check No. 1762

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature] 10/1/02  
Signature of Authorized Person Date

Michael C. Artesani  
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 84077

Annual Report for the year 2001

1. The name of the limited liability company is:

1704 ASSOCIATES, II, LLC

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

1704 Broad Street, Cranston, RI 02905

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: JONATHAN V. KALANDER, ESQ.

KALANDER & ASSOCIATES 146 WESTMINSTER STREET PROVIDENCE RI 02903

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: Jonathan V. Kalander, Esq., Kalander, Shaw & Janney, Ltd.,

146 Westminster Street, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: acquiring, developing, leasing and dealing in real property and any purpose which the members deem desirable or expedient.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Michael C. Artesani

1704 Broad Street, Cranston, RI 02905

William A. Artesani III

1704 Broad Street, Cranston, RI 02905

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.



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1704 ASSOCIATES, II, LLC

Exact Name of Limited Liability Company

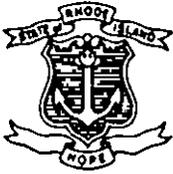
By Michael C. Artesani  
Manager

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-5-01</u>
Check No.:	<u>1637</u>
By:	<u>[Signature]</u>

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 84077

Annual Report for the year 2000

1. The name of the limited liability company is:

1704 ASSOCIATES, II, LLC

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

1704 Broad Street, Cranston, RI 02905

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: JONATHAN V. KALANDER

KALANDER & ASSOCIATES 146 WESTMINSTER STREET PROVIDENCE RI 02903

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: Jonathan V. Kalander, 146 Westminster Street

Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: acquiring, developing, leasing and dealing in real property and any purpose which the members deem desirable or expedient.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

*Name*

*Address*

Michael C. Artesani

1704 Broad Street, Cranston, RI 02905

William A. Artesani, III

1704 Broad Street, Cranston, RI 02905

Dated 9/21/00



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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.

1704 Associates, II L.L.C.

*Exact Name of Limited Liability Company*

By Michael C Artesani  
Member  
Title

FOR SECRETARY OF STATE USE ONLY  
File Date: 10/12  
Check No.: 1513  
By: 20

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 84077

Annual Report for the year 1999

- The name of the limited liability company is:  
1704 ASSOCIATES, II, LLC
- The address of the principal office of the limited liability company is:  
1704 Broad Street Cranston, RI 02905
- The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
- The name and address of its resident agent is: JONATHAN V. KALANDER  
REALE & KALANDER, LTD. 146 WESTMINSTER STREET PROVIDENCE, RI 02903
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Jonathan V. Kalander, 146 Westminster Street,  
Providence, RI 02903
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: acquiring, developing, leasing, and dealing in real property and any purpose  
which the members deem desirable or expedient.
- If the limited liability company has managers, the name and address of each manager of the limited liability company
 

Name	Address
<u>Michael C. Artesani, Sr.</u>	<u>1704 Broad Street, Cranston, RI 02905</u>
<u>William A. Artesani, III</u>	<u>1704 Broad Street Cranston, RI 02905</u>

Dated October 12, 1999



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.

1704 Associates, II, L.L.C.  
Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY  
 File Date: 10-15-99  
 Check No.: 1397  
 By: AMF

By Michael C. Artesani  
Member  
Title

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 84077

Annual Report for the year 1998

1. The name of the limited liability company is:

1704 ASSOCIATES, II, LLC

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

1704 Broad Street, Cranston, Rhode Island 02905

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: JONATHAN V. KALANDER

REALE & KALANDER, LTD. 146 WESTMINSTER STREET PROVIDENCE, RI 02903

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: Jonathan V. Kalander, 146 Westminster Street, Providence, Rhode Island 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: acquiring, developing, leasing, and selling real property or any other business purpose that the Members deem desirable.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

<u>Name</u>	<u>Address</u>
<u>William A. Artesani, III</u>	<u>1704 Broad Street, Cranston, RI 02905</u>
<u>Michael Artesani</u>	<u>1704 Broad Street, Cranston, RI 02905</u>

Dated October 14, 1998

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.



1704 Associates, II, L.L.C.

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>11/11/98</u>
Check No.:	<u>1278</u>
By:	<u>gab</u>

[Signature]  
\_\_\_\_\_  
member Title

Form No. LLC-19  
Revised 8/97

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

LIMITED LIABILITY COMPANY

ID Number 0064077

Annual Report for the year 1997

1. The name of the limited liability company is:

1704 ASSOCIATES, II, LLC

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

1704 Broad Street, Cranston, RI 02905

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: Jonathan V. Kalander, Reale & Kalander,

146 Westminster Street, Providence, RI 02903

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: Jonathan V. Kalander

146 Westminster Street, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: acquiring, developing, leasing and dealing in real property and any valid purpose which the members deem desirable or expedient

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Michael C. Artesani

1704 Broad Street, Cranston, RI 02905

William A. Artesani, III

1704 Broad Street, Cranston, RI 02905

Dated 10/8 19 97

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.

1704 Associates, II, LLC

Exact Name of Limited Liability Company

By

Jonathan V. Kalander  
Counsel and Resident Agent

Title

**FILED**

OCT 15 1997

BY Jonathan V. Kalander  
Counsel and Resident Agent