



**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. 103976		2. Exact name of the limited liability company ARVEE L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MANAGE AND OWN COMMERCIAL REAL ESTATE			
5. Principal office address 1051 RESERVOIR AVENUE		City CRANSTON	State RI	Zip 02910-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MARY JO CAROLAN			Contact Title		
Street Address 1051 RESERVOIR AVENUE		City CRANSTON	State RI	Zip 02910-	
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 Mary Jo Carolan		Street Address			
Street Address 1051 Reservoir Avenue		City			
City Cranston	State RI	Zip 02910	City	State	Zip
Manager Name		Street Address			
Street Address		City			
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 MARY JO CAROLAN			Address 1051 RESERVOIR AVENUE		
Address		City CRANSTON	Zip 02910-		

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



1 0 3 9 7 6

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.

*Mary Jo Carolan* 10/05  
Signature of Authorized Person Date  
Mary Jo Carolan  
Print or Type Name of Authorized Person

\*103976 DLLC 08/29/05 03:36:21 PM\*

File Date 10/07/05

Check No. 352

By: CXC

FOR SECRETARY OF STATE USE ONLY



**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. 103976		2. Exact name of the limited liability company ARVEE, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Manage and own commercial real estate	
5. Principal office address 1051 Reservoir Avenue		City Cranston	State RI
		Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Mary Jo Carolan		Contact Title Manager	
Street Address 1051 Reservoir Avenue		City Cranston	State RI
		Zip 02910	
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 Mary Jo Carolan		Manager Name	
Street Address 1051 Reservoir Avenue		Street Address	
City Cranston	State RI	City Cranston	State RI
Zip 02910		Zip 02910	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 Mary Jo Carolan		Address	
Address 1051 Reservoir Avenue		City Cranston, RI	Zip 02910

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



1 0 3 9 7 6

File Date	10/18/04
Check No.	315
By:	W.
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.

*Mary Jo Carolan* 10/10/04  
Signature of Authorized Person Date

MARY JO CAROLAN  
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. 103976		2. Exact name of the limited liability company ARVEE L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MANAGE AND OWN COMMERCIAL REAL ESTATE	
5. Principal office address 1051 RESERVOIR AVENUE		City CRANSTON	State RI
		Zip 02910-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MARY JO CAROLAN		Contact Title	
Street Address 1051 RESERVOIR AVE.		City CRANSTON	State RI
		Zip 02910-	
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 Mary Jo Carolan		Manager Name	
Street Address 1051 Reservoir Avenue		Street Address	
City Cranston	State RI	City	State
Zip 02910		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 MARY JO CAROLAN		Address 1051 RESERVOIR AVENUE	
Address		City CRANSTON	Zip 02910-

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



1 0 3 9 7 6

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.

*Mary Jo Carolan* 10/14/03  
Signature of Authorized Person Date

Mary Jo Carolan  
Print or Type Name of Authorized Person

\*103976 DLLC 10/10/03 05:31:43 PM\*

File Date 11/24/03

Check No. 271 ✓

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



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. *103976*		2. Exact name of the limited liability company ARVEE L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MANAGE AND OWN COMMERCIAL REAL ESTATE	
5. Principal office address 1051 RESERVOIR AVENUE		City CRANSTON	State RI
		Zip 02910-	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>			
Contact Name Mary Jo Carolan		Contact Title Office Manager	
Street Address 1051 RESERVOIR AVENUE		City CRANSTON	State RI
		Zip 02910-	
<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.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name MARY JO CAROLAN		*Manager Name	
Street Address 1051 RESERVOIR AVENUE		*Street Address	
City CRANSTON	State RI	City	State
Zip 02910			
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	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 RAYMOND J. VILLANOVA		Address 1051 RESERVOIR AVENUE	
Address		City CRANSTON	Zip 02910-

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
SEP 25 1 03 PM '02

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
OCT 2 12 12 PM '02

FILED

OCT 21 2002

By AMF  
293159

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



\* 1 0 3 9 7 6 \*

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.

\*\*103976\* 9/23/02:58:14 PM\*

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Mary Jo Carolan 9/23/02  
Signature of Authorized Person Date

Mary Jo Carolan  
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 103976

Annual Report for the year 2001

- The name of the limited liability company is:  
ARVEE L.L.C.
- The address of the principal office of the limited liability company is:  
1501 Reservoir Avenue, Cranston, RI 02910
- 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: RAYMOND J. VILLANOVA  
1545 BALD HILL ROAD WARWICK RI 02886
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Raymond J. Villanova 1051 Reservoir Avenue,  
Cranston, RI 02910
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Manage and own commercial real estate
- If the limited liability company has managers, the name and address of each manager of the limited liability company  
Name Address  
Raymond J. Villanova 1051 Reservoir Avenue, Cranston, RI 02910

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.



ARVEE, LLC  
Exact Name of Limited Liability Company

By Raymond J. Villanova

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-20-01</u>
Check No.:	<u>170</u>
By:	<u>[Signature]</u>

Form No. 632  
Revised 01/99

**DETACH BOTTOM BEFORE RETURNING**

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

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 103976

Annual Report for the year 2000

1. The name of the limited liability company is:

ARVEE L.L.C.

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

1545 BALD HILL RD, WARWICK, RI 02886

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: RAYMOND J. VILLANOVA

1545 BALD HILL ROAD WARWICK RI 02886

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: SAME

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: MANAGE AND OWN COMMERCIAL REAL ESTATE

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

*Name*

*Address*

RAYMOND J. VILLANOVA SR. 1545 BALD HILL RD WARWICK RI 02886  
RAYMOND J. VILLANOVA JR 16 DENNELL DR LINCOLN, RI 02865

Dated

10/15/00

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 0 3 9 7 6

ARVEE LLC

*Exact Name of Limited Liability Company*

By

Raymond J Villanova

Member ARVEE L.L.C

*Title*

FOR SECRETARY'S OFFICE USE ONLY

File Date: 10-10-00

Check No.: 117

By:

AMF

Form No. 632  
Revised 01/99

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 103976

Annual Report for the year 1999

1. The name of the limited liability company is:

ARVEE L.L.C.

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

1545 BALD HILL RD WARWICK RI 02886

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: RAYMOND J. VILLANOVA

1545 BALD HILL ROAD WARWICK, RI 02886

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: 1545 BALD HILL RD WARWICK RI 02886

RAYMOND J. VILLANOVA JR.

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: MANAGE + OWN COMMERCIAL REAL ESTATE

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

Name	Address
<u>RAYMOND J. VILLANOVA SR</u>	<u>1545 BALD HILL RD WARWICK RI 02886</u>
<u>RAYMOND J. VILLANOVA JR</u>	<u>16 DENNELL DR LINCOLN RI 02865</u>

Dated 10-4-99

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.



ARVEE L.L.C

Exact Name of Limited Liability Company

By Raymond J. Villanova  
Member

Title

FOR SECRETARY OF STATE USE ONLY  
File Date: 10-5-99  
Check No.: 1031  
By: AMF