

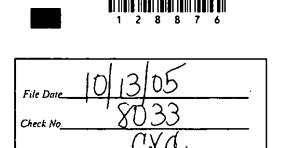
Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

MITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

1. ID No.		RINTED IN BLACK) creating in the limited liability company					
128876	Conti	Development Ltd., LLC					
3. State of Formati	ion	4. Brief description of the character of the husiness which is actually conducted in Rhode Island					
Rhode Island	ode Island To own, operate and develop			op commercial and residential real estate			
5. Principal office address 296 George Washington Highway			City	Zip			
			Smithfield	RI	02917		
6. MAILING / Contact Name Richard J.	• •	F LIMITED L	IABILITY COMPA	NY AND NAME OR TITLE Contact Title	OF CONTACT P	ERSON:	
Street Address		City	State	Zip			
96 George	Washingt	on Highway	,	.Smithfield	RI	02917	
7. NAME AND		FILL IN SPA	CES BEFORE USING	LIMITED LIABILITY COM GATTACHMENTS ("X" BOX I URES FILING OF AMENDMENT, I	OR ATTACHMENT)		
lanager Name				• Manager Name			
Street Address				• Street Address			
Cin _'	<u> </u>	State	Zip	*City	State	Zip	
lanager Name	• • • • •	J		Manager Name			
street Address				Street Address			
City		State	Zip	.Ciry	State	Zip	
	GENT IN R	HODE ISLAND	-DO NOT ALTER- CI	nanges require filing of F	orm 642 - R.I.G.L	7-16-11	
				Address			
gent Name				170 Westminste	r Street		
geni Name Thomas V. M	oses, Esq.						
8. RESIDENT A geni Name Thomas V. M Address	oses, Esq.			City		Zip	

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



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.

Signature of Authorized Person Richard J. Conti

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

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 2. Exact name of the limited liabilty company 128876 Conti Development Ltd., LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation To own, operate and develop commercial and residential real estate Rhode Island 5. Principal office address Smithfield 02917 RI 296 George Washington Highway 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name Richard J. Conti City State Strees Address Zip 296 George Washington Highway .Smithfield RI 02917 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.L 7-18-12 (a) (2) / 7-18-52 Manager Name · Manager Name · Street Address Street Address State Zip City State Zip City Manager Name Manager Name Street Address ·Street Address City Ζip Ciry State Zip State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Agent Name Thomas V. Moses, Esq. 170 Westminster Street City Address Zρ Providence Moses Afonso Jackvony, Ltd. 02903

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

			. <u></u>	
File Daıç	9	8	104	_
Check No.	-	2.39	97	_ _
B _{Y:}		OA		_
FOR SECR	ETARY O	F STATE	USE ONLY	_

Under penalty of perjury, I declare and affirm that I have examined his report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
luv-	9-2-04		
Signature of Authorized Person	Date		
Richard J. Conti 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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

	ED OR PRINTED IN B	21011		-		
: <i>ID No.</i> 128876	Conti Developmo	t name of the limited liabilty company Development Ltd., LLC				
. State of Formation			e business which is actually conducted			
RHODE ISLAND	To own	, operate and	develop commercial	and resident:	ial real estate	
. Principal office addr			City	State	Zip	
96 George Wa	shington High	way	Smithfield	RI	02917	
S. MAILING ADD Contact Name Richard J.		LIABILITY COMP	ANY AND NAME OR TITLE	OF CONTACT PER	RSON:	
reel Address			City	State	Zip	
	Washington Hig	ihway	.Smithfield	RI	02917	
anager Name			•			
that dildness				· Street Address		
reet Address	<u> </u>		· Street Address			
treet Address			· Street Address			
	State	Zip	· Street Address · City	State	Zip	
Siry	State	Zip	•	State	Zip	
ity danager Name	State	Zip	*City	State	Zip	
anoger Name	State	Zip Zip	*City *Manager Name	State	Zip	
ity danoger Name treet Address	State	Zip	City Manager Name Street Address City	State	Zip	
ity danoger Name treet Address	State	Zip	City Manager Name Street Address	State	Zip	
ity fanoger Name treet Address ity . RESIDENT AGE	State	Zip	City Manager Name Street Address City hanges require filing of I		Zip	
City Manager Name Street Address City B. RESIDENT AGE Igent Name THOMAS V. MO	State NT IN RHODE ISLA	Zip	City Manager Name Street Address City hanges require filing of I	State	Zip	
Manager Name Street Address City B. RESIDENT AGE gent Name	State NT IN RHODE ISLA	Zip	City Manager Name Street Address City hanges require filing of I	State Form 642 - R.I.G.L. 7 ER STREET, SUI	Zip	



128876 DL	LC 09/26/03 11	:38:18 AM
File Date	-ene	<u>v</u>
Check No.	00	5003
	00/	100
FOR SECRETA	RY OF BYENSE	ONLY ON

6885

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.

Signature of Adihorized Person Date

Richard J. Conti,

Print or Type Name of Authorized Person