

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

Matthew A. Brown, Secretary of State

Corporations Dicision 100 North Main Street Procidence, 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

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84079 A State of Formation	J.D.L. Properties, L					
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RHODE ISLAND	ACQUIRE,	DEVELOP, MANAGE, I	MPROVE, RENT, LEASE, SELL REAL	AND PERSONAL PROP	ERTY	
5 Principal office additi	cxs ,					
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6. MAILING ADDR	ESS OF LIMITED LIA	BILITY COMPANY AS	ND NAME OR TITLE OF CONTACT F			
	_		: Contact Title	ERSON:		
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CLY DOL	TIME THE		No. Smithed	Plate 67	2407812	
7. NAME AND ADI	DRESS OF EACH MAN	AGER OF THE LIMIT	: ED LIABILITY COMPANY, IF APPLE	0.000	ı	
	FILL IN S	PACES BEFORE USIN	SG ATTACHMENTS - ("Y" DOY SON	CABLE		
A.	NY MODIFICATIONS	TO MANAGERS REOL	NG ATTACHMENTS ("X" BOX FOR	ATTACHMENT)	- . /	
Manager Name		•	Manager Name	ES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52		
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Street Address		-				
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Сау	State	Zip		·		
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Manager Name			••••••			
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Street Address			Street Address		<u> </u>	
			30000 7000763			
Cur	State	Zip	Ghy .			
		•	•	State	Zip	
3. RESIDENT AGEN	T IN RHODE ISLAND	- DO'NOT ALTER - C	changes require filing of Form 64.	 		
Agent Name			Address	2 · K.I.Q.I., /-10-11		
ROBERT CIRESI			[
ddress		-		- 		
D40 CMITH OTODE			City	Zip		
918 SMITH STREET	_	- <u></u>	NORTH PROVIDENCE	02911-		
				<u></u>	····	

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

File Da	8/11/06 *84079*	•
Theck N		
Зуг	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I ha	ve examined this renor
including any accompanying schedules and statements	and that all statements
contained herein are true and correct.	
1 ^	

Signature of Authorized Person

Date

Joseph F. Di (ENZe

Print or Type Name of Authorized Person



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FILED

AUG 0 5 2005

FOR SECRETARY OF STATE USE ONLY

File Date

Check No.

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Cooperations Incision 100 North Main Street Proceedings RI 02903-1335

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IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______ 2004

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84079 3 State of Ionnation	J.D.L. Properties, LLC 4 Brief description		asmess which is actually conducted in Rhode Is	land		
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5 Pennengai affice and 4/2 / 6. MAILING ADE	W9/AS KIK	C ITY COMPANY ANI	No. Sauth field NAME OF TITLE OF CONTACT PE	State Rt	· 24 (2)896	
Contact Name S	eph DiCENT		Commander / 128'			
SAMK -			C.U;	State	Zη	
	FILL IN SPA	CES BEFORE USING	RES FILING OF AMENDMENT, R.L.	ATTACHMENT) 🗀		
Manager Name			Manager Name			
Street Address			Street Address			
City	State	L:p	GIP:	Stere	Ζφ	
Manager Name	·····	••••••	Manager Name			,
Street Address		 	Street Address			
Ca;	State	Zφ	City	State	Zip	
8. RESIDENT AG Agent Name ROBERT CIRESI	ENT IN RHODE ISLAND -	DO NOT ALTER - C	changes require filing of Form 64.	2 - R.I.G.L. 7-16-1	1	
Address	<u> </u>		Gt ₁	20	;	
1918 SMITH STRE	<u>EI</u>		NORTH PROVIDENCE	1	02911	
					-3 FB 1	
	This report m	ist be signed in ink	by an authorized person pursuant to	R.I.G.L. 7-16-66.		

Print or Type Name of Authorized Person

contained herein are true and correct

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements.



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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR <u>2ゆ3</u> Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2 INner name of the Engled liability company

J. C. Properties LLC

4 Brief description of the character of the business which is actually conducted in Rhode Island. 84079 REAL ESTATE 02886 Contact Name 10-3891 FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) 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 CiBZ, pManager Name Manager Name Street Address Street Address Cab $Z\psi$ State 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 This report The bisigned in ink by an authorized person pursuant to R.I.G.L. 7-16-66. MAR 16 2004 Under penalty of perjury, I declare and affirm that I have examined this report. including any accompanying schedules and statements, and that affistatements, contained herein are true and correct. File Date



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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, Rt 02903-1335 461 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _ Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2 Exact name of the limited hability company

J. L. Properties, LLC

4 Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE DOUT /AR PIKE 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Resident sep4 Street ziddress ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS 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 CanState Zip CH_{1} State $Z\psi$ Manager Name Manaver Name Street Address Street Address Zip City State 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 02917 This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66. MAR 16 2004 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.



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

Matthew A. Brown, Secretary of State

Corporations Duisson 100 North Main Street Providence, RI 02903-1335

401 222 3049

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September	r 1 - November 1	• Filing Fee: \$50.00	E REI ORI I OR III	<u>عمے</u> ۱۱۶٬۹۹۴ را	
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3 State of Formation	4 Brief descripts	m of the character of the busines	s which is actually conducted in Rhode Isla	ind .	
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3 Pemapal office address	1 0		City C	I State	Zip
412 Do	9/AS PIKE	5	NURTH SMITH field	/ RI	(02896
6. MAILING ADDRESS	OF LIMITED LIAB	LITY COMPANY AND NA	•	RSON:	
	4 DiCEN	20	Contact Talle PRESIDENT		
Street Address 4/2 Dou	19/AR Pic		Consultation Conv. No Smithfield	State R.I.	02896
_	•	GER OF THE LIMITED LI	IABILITY COMPANY, IF APPLICA	ABLE	•
ANY M		ACES BEFORE USING AT D MANAGERS REQUIRES	TACHMENTS ("X" BOX FOR A FILING OF AMENDMENT, R.I.G	· —	7-16-52
Manager Name			Manager Name		
Street Address			Street Address		
Cuy	State	Zψ	Сиу	State	Zip
Mariager Name	I		Manager Name		······J·······
Street Address			Street Address		
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					}
8. RESIDENT AGENT IN	N RHODE ISLAND	- DO NOT ALTER - Chan	iges require filing of Form 642	- R.I.G.L. 7-16-11	
Agent Name	Mar	1110.	Address R. P. T.	Place	
Neil CLARK	Michael	Noel & Berix	CARE DANK DUYION	7.724	
Address			ONE BANK BUSTON	5 Zip	3903
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			including any accompar contained herein are tru		tements, and that all statement
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Check No			Signature of Authorized I	Person	3
]		317.1	Signature of Authoriza i	^	******
<i>By:</i>			Juseph D	(ENZO	
FOR SECRETARY	OF STATE USE ONLY		Print or Type Name of A.	uthorized Person	



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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335

401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 200 Period: September 1 - November 1 - Filing Fee: \$50.00

(FORM MUST BE TYPED	OR PRINTED IN BIACK)	<u>.</u>			
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3 Mate of Formation	4 Brief descripti	on of the character of the bu.	siness which is actually conducted	'm Rhode Island	
N.	160	1 ESTATE			
5 Principal office address 4/2 6. MAILING ADDRE	ug / AS / K	ILITY COMPANY AND	Unoch Source	Luly State RI STACT PERSON:	02896
Contact Name	1 > 0-		Contact Poss	1 A-	
C/02.36 P	4 DICEN	20	1 pesica	uv.j	T
Street Address 412 Dow	glas /k		N' Smittfu	ld suite RE	- V2826
	FILL IN SI	GER OF THE LIMITEI PACES BEFORE USING O MANAGERS REOUII		F APPLICABLE I <i>OX FOR ATTACHMENT)</i> ENT. R.I.G.L. 7-16-12 (a'	
Manager Name		•	Manager Name		, , , , , , , , , , , , , , , , , , , ,
Street Address			Street Address		·
City	State	Ζφ	CH ₁	State	Zip
Manager Name	•••••••••••••••••••••••••••••••••••••••	••••••••	Manager Name	······	,
Sircet Address			Street Address		
City	State	Zιp	City	State	Zιp
8. RESIDENT AGEN Agen Name Le BEN	T IN RHODE ISLAND	- DO NOT ALTER - CI	hanges require filing of		
118 -	Sulth St	/ /	W Ron	love 'RI	02911
File Date		IAR 1 6 2004	by an authorized person pu Under penal including an	ersuant to R.I.G L. 7-16-6 ty of perjury, I declare and a	ffirm that I have examined this report, and statements, and that all statements.
Check No			Signature of .	Authorized Person	2/21/08
Bv		. [3	· · · //	10 . de 5	Joseph Di GENZO

Print or Type Name of Authorized Person

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 <u>LL 84079</u>	Annual Report for the year 1999	_
1.	The name of the limited liability company i	s:	
	JL Properties, LLC		
2.	The address of the principal office of the li	mited liability company is:	
	1535 Hartford Avenue, Johnston	, RI 02919	
3.	The state or other jurisdiction under the la	ws of which it is formed is RHODE ISLAND	
4.	The name and address of its resident age	nt is: NEIL A. CLARK	
	MCGOVERN NOEL & BENIK, INC. ONE	BANKBOSTON PLAZA PROVIDENCE, RI 02903	
5.	The current mailing address of the limited	liability company and the name or title of a person to who	m communications
	may be directed are: Joseph F.	DiCenzo	_
	c/o 1535 Hartf	ord Avenue, Johnston, RI 02919	
 7. 	state: To acquire, develop, mana property.	e business in which the limited liability company is actual ge, improve, rent, lease and sell real and ers, the name and address of each manager of the limited Address	personal
	None		
	sted September 1, 1999 * 8 4 0 7 9 *	Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and that all statements contained herein are true and corresponding. JL Properties, LLC Exact Name of Limited Liability Company	d statements, and
File	FOR SECRETARY OF STATE USE ONLY Date:	Joseph F. DiCenzo	
Che	eck No.: DEC 1 5 1999	Member Title	
By:	By 02/396		Form No. 632 Revised 01/99

To be filed annually between September 1 and November 1

Filing Fee: \$50.00



Form No. LLC-19

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

	L	IIVII I ED LIABILIT T COIVIPANT		
ID	Number0084079	Annual Report for the year1998		
1.	The name of the limited liability compa	ny is:		
2.	The address of the principal office of th			
3.	The state or other jurisdiction under the			
4.	The name and address of its resident agent is: Neil A. Clark, Esquire c/o McGovern Noel & Benik, Incorporated, One BankBoston Plaza, Providence, RI 02903			
5.	The current mailing address of the communications may be directed are:	limited liability company and the name or title of a person to whom Joseph F. DiCenzo		
	c/o 1535	Hartford Avenue, Johnston, RI 02919		
6.	state: To acquire, develop, mana	he business in which the limited liability company is actually engaged in this		
7.	company	anagers, the name and address of each manager of the limited liability		
	None None	Address		
	led <u>October 26,</u> , 19 <u>98</u>	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.		
DEI	CO2 1998 C2157 15, W ED Z Z SAM	JL Properties, LLC Exact Name of Limited Liability Company		
	ALCHAED AND SECTION OF THE CHAMBED AND AND ADDRESS OF THE CHAMBED AND ADDRE	Joseph F. DiCenzo Member Title		



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 0084079	Annual Report for the year	1997
1.	The name of the limited liability company	is:	
	UL Properties, LLC		
2.	The address of the principal office of the li	imited liability company is:	
	1535 Hartford Avenue, Johnston,	, Rhode Island 02919	
3.	The state or other jurisdiction under the la	ws of which it is formed is: Rhode Island	·
4.	The name and address of its resident ager	ntis: Neil A. Clark, Esquire	
	c/o McGovern Noel & Benik, Incor	rporated, 1800 Hospital Trust Tower, Provider	nce, RI 02903
5 .	The current mailing address of the lin	mited liability company and the name or title of a p	erson to whom
	communications may be directed are:	Joseph F. DiCenzo	
	c/o 1535 Hartford Avenue, John	nston, RI 02919	<u>.</u>
6.	A brief statement of the character of the	business in which the limited liability company is actually	engaged in this
	state: To acquire, develop, manag	ge, improve, rent, lease and sell real and pe	ersonal property
7.	If the limited liability company has man	nagers, the name and address of each manager of the	e limited liability
	Name	Address	
	None		
Da	rited September 29, , 1997 FILED	Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and that all statements contained herein are true and correct	statements, and
	DCT 0 3 1997	JL Properties, LLC	.
. ,	PA 1346	Exact Name of Limited Liability Company	
<i>⊃</i> Y	The state of the s	By Assert Description	<u> </u>
		Joseph F. DiCenzo 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 **Corporation Division** 100 North Main Street Providence, RI 02903-1335

LIMITED LIABILITY COMPANY

LLC I.D.# 8	4079	Annual Report for the year 1996		
FIRST:	The name of the limited liabilit	y company is: JL Properties, LLC		
SECOND:	The address of the principal of	fice of the limited liability company is:		
	1535 Hartford Avenue,	Johnston, RI 02919		
THIRD:	The state or other jurisdiction under the laws of which it is formed is: Rhode Island			
FOURTH:	The name and address of its	resident agent is:		
		Esquire - c/o McGovern Noel & Benik Street - Suite 200 02903		
FIFTH:	The current mailing address communications may be dire Joseph F. DiCenzo	of the limited liability company and the name or title of a person to whom sted are:		
	c/o 1535 Hartford Avenue Johnston, RI 02919			
SIXTH:		acter of the business in which the corporation is actually engaged in this state: manage, improve, rent, lease and sell real and		
	-			
Dated	12/31/, 1996	JL Properties, LLC Exact Name of Limited Liability Company		
File Date:	4/17/97			
Check No:		*By To be signed in the manner required by the home state.		
Ву:				
For Sec	retary of State Use Only	Title Member		