



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 3240

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. 84079		2. Exact name of the limited liability company J.D.L. Properties, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, DEVELOP, MANAGE, IMPROVE, RENT, LEASE, SELL REAL AND PERSONAL PROPERTY	
5. Principal office address 412 Douglas Pike		City North Smithfield	State RI
		Zip 02896	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joseph F. DiGenzo		Contact Title Pres. & Gen. Mgr.	
Street Address 412 Douglas Pike		City North Smithfield	State RI
		Zip 02896	
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		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 ROBERT CIRESI		Address	
Address 1918 SMITH STREET		City NORTH PROVIDENCE	Zip 02911

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



File Date **8/16/06** *84079*

Check No. **1206**

By: **JB**

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 **Joseph F. DiGenzo** Date **7/30/06**
Print or Type Name of Authorized Person



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) 222-3440

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. 84079		2. Exact name of the limited liability company J.D.I. Properties, LLC	
3. State of formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, DEVELOP, MANAGE, IMPROVE, RENT, LEASE, SELL REAL AND PERSONAL PROPERTY	
5. Principal office address 412 Douglas Pike		City N. Smithfield	State RI
		Zip 02896	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joseph DiCenzo		Contact Title Pres.	
Street Address SAME		City	State
		Zip	
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		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 ROBERT CIRESI		Address	
Address 1918 SMITH STREET		City NORTH PROVIDENCE	Zip 02911

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



* 8 4 0 7 9 *

FILED

File Date **AUG 05 2005**
Check No.
By **M-73063**

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 **Joseph F. DiCenzo** 7/1/05

Print or Type Name of Authorized Person **Joseph F. DiCenzo**



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
401-222-3930

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. 84079		2. Exact name of the limited liability company J. L. Properties, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 412 Douglas Pike		City North Smithfield	State RI
		Zip 02896	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joseph Di Cerzo		Contact Title President	
Street Address 412 Douglas Pike		City N. Smithfield	State RI
		Zip 02896	
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		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 Nel Clark, McGovern, Noel, & Berick		Address One Bank Boston Plaza	
Address		City Providence RI	Zip 02903

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

FILED

MAR 16 2004

By Kue
C24133

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.

Joseph Di Cerzo 10/15/03
Signature of Authorized Person Date
Joseph Di Cerzo
Print or Type Name of Authorized Person

File Date	NOV 17 2003
Check No.	511
By	
FOR SECRETARY OF STATE USE ONLY	



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 02903-1338
401-222-5040

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 84079		2 Exact name of the limited liability company J.L. Properties, LLC	
3 State of Formation RI		4 Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5 Principal office address 412 Douglas Pike		City North Smithfield	State RI
		Zip 02896	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joseph D. Cenzo		Contact Title President	
Street Address 412 Douglas Pike		City N. Smithfield	State RI
		Zip 02896	
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		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 Neil Clark, McGowan, Noel & Benai		Address ONE BANK BOSTON PLAZA	
Address		City Providence	State RI
		Zip 02918	

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

FILED

MAR 16 2004

C 24133

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION
OCT 21 1 33 PM '03

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.

Joseph Di Cenzo **10/15/03**
Signature of Authorized Person Date
Joseph Di Cenzo
Print or Type Name of Authorized Person

File Date	10/15/03
Check No	
By	Joseph Di Cenzo
FOR SECRETARY OF STATE USE ONLY	



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 3049

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 84079		2. Exact name of the limited liability company J.L. Properties, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 412 Douglas Pike		City North Smithfield	State RI	Zip 02896	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Joseph DiCenzo		Contact Title PRESIDENT			
Street Address 412 Douglas Pike		City North Smithfield	State RI	Zip 02896	
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		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 AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Neil Clark, McGowan, Noel & Benik		Address ONE BANK BOSTON PLAZA			
Address		City Providence RI	Zip 02903		

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

FILED

MAR 16 2004

By Kue

C24133

NO. 14 04 6 01 874

RECEIVED
SECRETARY OF STATE
JUN 21 1 33 PM '03

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.

Joseph L. DiCenzo 10/15/03
Signature of Authorized Person Date

Joseph DiCenzo
Print or Type Name of Authorized Person

File Date	_____
Check No.	_____
By	_____
FOR SECRETARY OF STATE USE ONLY	



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 2009

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No. 84079		2 Exact name of the limited liability company J.L. Properties LLC			
3 State of Formation RI		4 Brief description of the character of the business which is actually conducted in Rhode Island Real Estate			
5 Principal office address 412 Douglas Rk		City North Smithfield	State RI	Zip 02896	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Joseph D. Cenzo		Contact Title President			
Street Address 412 Douglas Rk		City N Smithfield	State RI	Zip 02896	
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		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 AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Robert Cinesi, Esq			Address		
Address 1918 Smith St			City Providence	State RI	Zip 02911

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

FILED

MAR 16 2004

By KMC
C 24133

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.

Joseph D. Cenzo 2/24/04
Signature of Authorized Person Date
President Joseph D. Cenzo
Print or Type Name of Authorized Person

File Date	_____
Check No	_____
By	_____
FOR SECRETARY OF STATE USE ONLY	

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 84079

Annual Report for the year 1999

1. The name of the limited liability company is:

JL Properties, LLC

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

1535 Hartford Avenue, Johnston, RI 02919

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: 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 whom communications may be directed are: Joseph F. DiCenzo

c/o 1535 Hartford Avenue, Johnston, RI 02919

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, manage, improve, rent, lease and sell real and personal property.

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

Name

Address

None

Dated September 1, 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.

JL Properties, LLC

Exact Name of Limited Liability Company

By Joseph F. DiCenzo

Joseph F. DiCenzo

Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date: **FILED**

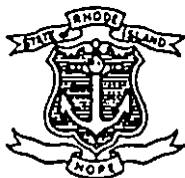
Check No.: DEC 15 1999

By: OC1396

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

LIMITED LIABILITY COMPANY

ID Number 0084079

Annual Report for the year 1998

1. The name of the limited liability company is:

JL Properties, LLC

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

1535 Hartford Avenue, Johnston, RI 02919

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: Neil A. Clark, Esquire

c/o McGovern Noel & Benik, Incorporated, 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 whom communications may be directed are: Joseph F. DiCenzo

c/o 1535 Hartford Avenue, Johnston, RI 02919

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, manage, improve, rent, lease and sell real and personal property.

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

Name

Address

None

Dated October 26, 19 98

FILED

DEC 02 1998

By cc2157

RECEIVED
OFFICE OF THE SECRETARY OF STATE
PROVIDENCE, RHODE ISLAND
DEC 02 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.

JL Properties, LLC

Exact Name of Limited Liability Company

By Joseph F. DiCenzo

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

LIMITED LIABILITY COMPANY

ID Number 0084079

Annual Report for the year 1997

1. The name of the limited liability company is:
JL Properties, LLC
2. The address of the principal office of the limited liability company is:
1535 Hartford Avenue, Johnston, Rhode Island 02919
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: Neil A. Clark, Esquire
c/o McGovern Noel & Benik, Incorporated, 1800 Hospital Trust Tower, 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: Joseph F. DiCenzo
c/o 1535 Hartford Avenue, Johnston, RI 02919
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, manage, improve, rent, lease and sell real and personal property.
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

None

Dated September 29, 1997

FILED

OCT 03 1997

By cc 1346

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.

JL Properties, LLC

Exact Name of Limited Liability Company

By

Joseph F. DiCenzo

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

LIMITED LIABILITY COMPANY

LLC I.D.# 84079

Annual Report for the year **1996**

FIRST: The name of the limited liability company is: **JL Properties, LLC**

SECOND: The address of the principal office 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:

Neil A. Clark, Esquire - c/o McGovern Noel & Benik
321 South Main Street - Suite 200
Providence, RI 02903

FIFTH: The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

Joseph F. DiCenzo
c/o 1535 Hartford Avenue
Johnston, RI 02919

SIXTH: A brief statement of the character of the business in which the corporation is actually engaged in this state:

To acquire, develop, manage, improve, rent, lease and sell real and
personal property.

Dated 12/31/ 19 96

JL Properties, LLC

Exact Name of Limited Liability Company

File Date: 4/17/97

Check No: 1334

By: [Signature]

For Secretary of State Use Only

*By

[Signature]

*To be signed in the manner required by the home state.

Title Member