



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. 109879		2. Exact name of the limited liability company RAYMOND J.F. PARISEAULT, III 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 ACQUIRING, DEVELOPING, LEASING, SELLING AND OTHERWISE DEALING IN REAL PROPERTY	
5. Principal office address 69 Illinois Avenue, Suite 1		City WARWICK	State RI
		Zip 02888	
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 NONE		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 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.



109879 DLLC 09/13/05 02:22:33 PM
File Date <u>10/4/05</u>
Check No. <u>1583</u>
By: <u>[Signature]</u>
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] 9/28/05
 Signature of Authorized Person Date

RAYMOND J.F. PARISEAULT III
 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
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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 109879		2. Exact name of the limited liability company RAYMOND J.F. PARISEAULT, III 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 acquiring, developing, leasing, selling and otherwise dealing in real property	
5. Principal office address 46 KILVERT STREET		City WARWICK	State RI
			Zip 02886
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 NONE		• 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 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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109879 DLLC 10/06/04 11:25:18 AM

File Date 11/4/04

Check No. 1459

By: [Signature]

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.

Raymond JF Pariseault III 10/21/04
Signature of Authorized Person Date

Raymond JF Pariseault III
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. 109879		2. Exact name of the limited liability company RAYMOND J.F. PARISEAULT, III 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	
5. Principal office address 46 KILVERT STREET		City WARWICK	State RI Zip 02886
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 NONE		*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 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.



1 0 9 8 7 9

109879 DLLC 09/05/03 03:07:52 PM

File Date 9-16-03

Check No. 1109

By: [Signature]

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.

Raymond J F Pariseault 9/16/03
Signature of Authorized Person Date

RAYMOND J F PARISEAULT
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
401.222.3040

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. *109879*		2. Exact name of the limited liability company RAYMOND J.F. PARISEAULT, III 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	
5. Principal office address 46 KILVERT STREET		City WARWICK	State RI
		Zip 02886	
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 None		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
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.



109879 DLLLC7/1/039:49:59 AM
File Date <u>7-10-03</u>
Check No. <u>1328</u>
By: <u>re</u>
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.

Raymond J. Pariseault III 7/10/03
Signature of Authorized Person Date
RAYMOND JF PARISEAULT III
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 DLIC 109879

Annual Report for the year 2001

1. The name of the limited liability company is:

RAYMOND J.F. PARISEAULT, III L.L.C.

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

46 Kilvert Street, Warwick, Rhode Island 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: JONATHAN V. KALANDER, ESQ.

KALANDER & ASSOCIATES, 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, Esq.,

146 Westminister 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: _____

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

NONE

Dated 10/01/01

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.

RAYMOND J.F. PARISEAULT, III L.L.C.

Exact Name of Limited Liability Company

By Raymond J F Pariseault III

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-5-01</u>
Check No.:	<u>1196</u>
By:	<u>ce</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 109879

Annual Report for the year 2000

1. The name of the limited liability company is:

RAYMOND J.F. PARISEAULT, III L.L.C.

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

46 Kilvert Street, Warwick, Rhode Island 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: JONATHAN V. KALANDER, ESQ

KALANDER & ASSOCIATES, 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: _____

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

Name

Address

NONE

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.

Raymond J.F. Pariseault, III L.L.C.

Exact Name of Limited Liability Company

By _____

Raymond J.F. Pariseault, III
President

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10/19</u>
Check No.:	<u>1081</u>
By:	<u>a</u>