



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  
401.222.3010

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 90580		2. Name of Corporation BUCCI DEVELOPMENT, INC.			
3. Street Address Principal Business Office 255 Lambert Lind Hwy		City Warwick		State RI	Zip 02886
4. Business Phone No. 401-737-4111		5. State of Incorporation RHODE ISLAND			6. SIC Code 5579
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF REAL ESTATE DEVELOPMENT.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name BRIAN BUCCI			Vice President Name Same		
Street Address 255 Lambert Lind Hwy			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Same above			Treasurer Name Same above		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name BRIAN BUCCI			Director Name		
Street Address 255 Lambert Lind			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
8,000	\$1.00 PAR VALUE		8,000	A	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	2-10-05
Check No.	299
By:	MB
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 Officer

Date

Brian Bucci

Print or Type Name of Officer

President

Title of Officer



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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 90580		2. Name of Corporation BUCCI DEVELOPMENT, INC.			
3. Street Address Principal Business Office 255 Lambert Lind Hwy		City Warwick		State RI	Zip 02886
4. Business Phone No. 401 337 4111		5. State of Incorporation RHODE ISLAND			6. SIC Code 5579
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF REAL ESTATE DEVELOPMENT.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Brian Bucci			Vice President Name		
Street Address 255 Lambert Lind Hwy			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00	PAR VALUE	1,000		1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 5 8 0 \*

File Date 1/13/04  
Check No. 471  
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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer



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



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

90580

2. Name of Corporation

BUCCI DEVELOPMENT, INC.

3. Street Address Principal Business Office

255 Lambert Lind Hwy

City

Warwick

State

RI

Zip

02886

4. Business Phone No.

401 737 4111

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5579

7. Brief Description of the Character of Business Conducted in Rhode Island

Purchase, Development, management of Real Estate

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Brian Bucci

Vice President Name

Street Address

255 Lambert Lind Hwy

Street Address

City

Warwick

State

RI

Zip

02886

City

State

Zip

Secretary Name

Treasurer Name

Street Address

Street Address

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 \$1.00 PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 5 8 0 \*

File Date: 5-8-03

Check No. 658

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.

[Signature] 2/26/03

Signature of Officer

Date

Brian Bucci

Print or Type Name of Officer

President

Title of Officer

5

Form 630 1202



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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 70580 2. Name of Corporation Bucci Development, Inc. 3. Street Address Principal Business Office 255 Lambert Lind Hwy City Warwick State R.I. Zip 02886  
4. Business Phone No. 401 737 4111 5. State of Incorporation Rhode Island 6. SIC Code 5579

7. Brief Description of the Character of Business Conducted in Rhode Island

Real Estate

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Brian Bucci</u>	Vice President Name <u>None</u>
Street Address <u>None</u>	Street Address
City <u>None</u> State Zip	City State Zip
Secretary Name <u>None</u>	Treasurer Name <u>None</u>
Street Address	Street Address
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>Brian Bucci</u>	Director Name
Street Address <u>None</u>	Street Address
City <u>None</u> State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>8,000</u>	<u>A</u>	<u>1.00 per value</u>

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>1000</u>		<u>1.00</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUL 26 2002 20. JUL 20 21 92 707

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

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

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

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 Officer Brian Bucci Date 7/11/2002

Print or Type Name of Officer Brian Bucci

Title of Officer President



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

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



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 90580 2. Name of Corporation BUCCI DEVELOPMENT, INC.

3. Street Address Principal Business Office 255 Lambert Link Hwy City Wrentham State RI Zip 02896  
4. Business Phone No. 401 737 4111 5. State of Incorporation RHODE ISLAND 6. SIC Code 3579

7. Brief Description of the Character of Business Conducted in Rhode Island  
Real Estate

## 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Brian Bucci</u>	Vice President Name <u>Same</u>
Street Address <u>Same above</u>	Street Address
City <u>Same</u> State <u>RI</u> Zip <u>02896</u>	City <u>Same</u> State <u>RI</u> Zip <u>02896</u>
Secretary Name <u>Same</u>	Treasurer Name <u>Same</u>
Street Address	Street Address
City <u>Same</u> State <u>RI</u> Zip <u>02896</u>	City <u>Same</u> State <u>RI</u> Zip <u>02896</u>

## 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>Brian Bucci</u>	Director Name
Street Address <u>Same above</u>	Street Address
City <u>Same</u> State <u>RI</u> Zip <u>02896</u>	City <u>Same</u> State <u>RI</u> Zip <u>02896</u>
Director Name	Director Name
Street Address	Street Address
City <u>Same</u> State <u>RI</u> Zip <u>02896</u>	City <u>Same</u> State <u>RI</u> Zip <u>02896</u>

## 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
8,000 \$1.00 PAR VALUE

## 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
1000 100

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



\* 9 0 5 8 0 \* JUL 26 12 02 PM '02

File Date: FILED  
Check No.: JUL 26 2002  
By: BV 388758  
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 Officer Brian Bucci Date 8/1/2001  
Print or Type Name of Officer President  
Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

90580

2. Name of Corporation

BUCCI DEVELOPMENT, INC.

3. Street Address Principal Business Office

255 Lambert Lind Hwy

City

Wanwick

State

RI

Zip

02886

4. Business Phone No.

401 737 4111

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5579

7. Brief Description of the Character of Business Conducted in Rhode Island

Real Estate Development

## 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Brian Bucci

Vice President Name

Street Address

255 Lambert Lind Hwy

Street Address

City

Wanwick

State

RI

Zip

02886

City

State

Zip

Secretary Name

Same as above

Treasurer Name

Same as above

Street Address

Street Address

City

State

Zip

City

State

Zip

## 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

## 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS \$1.00 PAR VALUE

## 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 5 8 0 \*

File Date: 9-14-00

Check No: 1803

By: AMF

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.

*Brian Bucci*

Signature of Officer

9-12-2000

Date

Brian Bucci

Print or Type Name of Officer

President

Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

90580

2. Name of Corporation

BUCCI DEVELOPMENT, INC.

3. Street Address Principal Business Office

255 Lambert Lind Hwy

City Warwick

State RI

Zip 02886

4. Business Phone No.

401-737-4111

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5579

7. Brief Description of the Character of Business Conducted in Rhode Island

Real Estate

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Brian Bucci

Vice President Name

NONE

Street Address

255 Lambert Lind Hwy

Street Address

City

Warwick

State

RI

Zip

02886

City

State

Zip

Secretary Name

Brian Bucci

Treasurer Name

NONE

Street Address

255 Lambert Lind Hwy

Street Address

City

Warwick

State

RI

Zip

02886

City

State

Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Brian Bucci

Director Name

Street Address

255 Lambert Lind Hwy

Street Address

City

Warwick

State

RI

Zip

02886

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS \$1.00 PAR VALUE

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 Common

\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 5 8 0 \*

File Date: 4-27-99

Check No.: 1410

By: AMF

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 Officer

Date

Print or Type Name of Officer

Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **90580** 2. Name of Corporation **BUCCI DEVELOPMENT, INC.**

3. Street Address Principal Business Office **255 Lambert Lind Hwy** City **Warwick** State **RI** Zip **02886**

4. Business Phone No. **401-737-4111** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5579**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Real Estate**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>Brian Bucci</b>	Vice President Name <b>Brian Bucci</b>
Street Address <b>34 Hewett St</b>	Street Address <b>255 Lambert Lind Hwy</b>
City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>
Secretary Name <b>Brian Bucci</b>	Treasurer Name <b>Brian Bucci</b>
Street Address <b>255 Lambert Lind</b>	Street Address <b>255 Lambert Lind</b>
City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name <b>Brian Bucci</b>	Director Name <b>NONE</b>
Street Address <b>34 Hewett St</b>	Street Address
City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>8,000 SHS</b>	<b>\$1.00 PAR VALUE</b>	

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>\$1.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 5 8 0 \*

File Date: **3.27.98**  
Check No.: **1074**  
By: **100**

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 Officer **Brian Bucci** Date **3/1/98**  
Print or Type Name of Officer **President**  
Title of Officer





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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90580** 2. Name of Corporation **BUCCI DEVELOPMENT, INC.**

3. Street Address Principal Business Office **255 Lambert Lind Highway** City **Warwick** State **RI** Zip **02886**  
4. Business Phone No. **401 737-4111** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6579**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Real Estate**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name **Brian Bucci** Vice President Name

Street Address **255 Lambert Lind Highway** Street Address

City **Warwick** State **RI** Zip **02886** City State Zip

Secretary Name **Same as above** Treasurer Name **Same as above**

Street Address Street Address

City State Zip City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name Director Name

Street Address Street Address

City State Zip City State Zip

Director Name Director Name

Street Address Street Address

City State Zip City State Zip

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

**8,000 SHS \$1.00 PAR VALUE**

ISSUED SHARES

Number of Shares Class/Series Par Value

**100 Common \$1.00 Par Value**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 5 8 0 \*

File Date: **2/26/97**

Check No.: **649**

By: **KIP**

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.

**B-12** **12-20-91**  
Signature of Officer Date

**Brian Bucci**  
Print or Type Name of Officer

**President**  
Title of Officer