

**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. 91480		2. Exact name of the limited liability company NMS Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 1140 RESERVOIR AVENUE		City CRANSTON	State RI
		Zip 02920	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>			
Contact Name ELIZABETH PROCACCIANTI		Contact Title .	
Street Address 1140 RESERVOIR AVENUE		City CRANSTON	State RI
		Zip 02920	
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE.</b>			
FILE 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 ELIZABETH PROCACCIANTI		• Manager Name .	
Street Address 1140 RESERVOIR AVENUE		• Street Address .	
City CRANSTON	State RI	Zip 02920	• City .
• Manager Name .		• State .	
Street Address .		• Street Address .	
City .	State .	Zip .	• City .
• Manager Name .		• State .	
Street Address .		• Street Address .	
City .	State .	Zip .	• City .
<b>8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER: Changes require filing of Form 642 - R.I.G.L. 7-16-11</b>			
Agent Name MARY E. HASSAN, LEGAL ASSISTANT		Address 1140 RESERVOIR AVENUE	
Address		City CRANSTON	Zip 02920

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

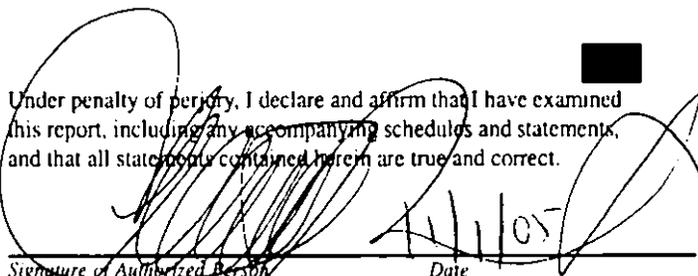


\*91480 DLLC 10/17/05 02:32:50 PM\*  
 File Date 11/8/05  
 Check No. 172829 A 81714  
 By: KMC  
 FOR SECRETARY OF STATE USE ONLY

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

Date

  
Elizabeth Procaccianti, Mgr.  
 Print or Type Name of Authorized Person



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE.	
5. Principal office address 1140 RESERVOIR AVENUE		City CRANSTON	State RI
		Zip 02920-	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON</b>			
Contact Name ELIZABETH PROCACCIANTI		Contact Title .	
Street Address 1140 RESERVOIR AVE.		City CRANSTON	State RI
		Zip 02920-	
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE</b> FILL IN SPACES BEFORE USING ATTACHMENTS. <input type="checkbox"/> 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 Elizabeth Procaccianti		*Manager Name .	
Street Address 1140 Reservoir Avenue		*Street Address .	
City Cranston	State RI	Zip 02920	City .
*Manager Name .		State .	
Street Address .		*Street Address .	
City .	State .	Zip .	City .
<b>8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11</b>			
Agent Name JAMES P. REDDING, ESQ.		Address 1500 FLEET CENTER	
Address .		City PROVIDENCE	Zip 02903

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



9 1 4 8 0

\*91480 DLLC 09/21/04 09:30:50 AM\*

File Date 11/8/04

Check No. 164237

By: W.

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 \_\_\_\_\_ Date \_\_\_\_\_  
James P. Redding  
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. 91480		2. Exact name of the limited liability company NMS Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE.			
5. Principal office address 1140 RESERVOIR AVENUE			City CRANSTON	State RI	Zip 02920
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ELIZABETH PROCACCIANTI			Contact Title		
Street Address 1140 RESERVOIR AVE			City CRANSTON	State RI	Zip 02920
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 Elizabeth Procaccianti			Manager Name		
Street Address 1140 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02920	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 JAMES P. REDDING, ESQ.			Address 1500 FLEET CENTER		
Address			City PROVIDENCE	Zip 02903	

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



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*91480 DLLC 10/15/03 04:30:56 PM*	
File Date	12-11-03
Check No.	157219
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 Authorized Person

Date

James P. Redding

Print or Type Name of Authorized Person



**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. *91480*		2. Exact name of the limited liability company NMS Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE.			
5. Principal office address 1140 RESERVOIR AVENUE		City CRANSTON	State RI	Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Elizabeth Procaccianti		Contact Title			
Street Address 1140 RESERVOIR AVE.		City CRANSTON	State RI	Zip 02920	
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 Elizabeth Procaccianti		*Manager Name			
Street Address 1140 Reservoir Avenue		*Street Address			
City Cranston	State RI	Zip 02920	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 JAMES P. REDDING, ESQ.		Address 1500 FLEET CENTER			
Address		City PROVIDENCE	Zip 02903		

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



\* 9 1 4 8 0 \*

\*91480 DLLC12/18/0211:21:39 AM\*

File Date 1-7-03

Check No. 148452

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 Authorized Person James P. Redding Date 010203

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 DLLC 91480

Annual Report for the year 2001

1. The name of the limited liability company is:

NMS Associates, LLC

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

1140 Reservoir Avenue, Cranston, RI 02920

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: JAMES P. REDDING, ESQ.

1500 FLEET CENTER 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: Member

1140 Reservoir Avenue, Cranston, RI 02920

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate

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

Name	Address
Elizabeth Procaccianti	1140 Reservoir Avenue, Cranston, RI 02920

Dated 10/15/01

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.

NMS Associates, LLC

*Exact Name of Limited Liability Company*

By [Signature]  
Resident Agent

Title



9 1 4 8 0

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>JAN 24 2002</u>
Check No.:	<u>3102010261</u>
By:	<u>[Signature]</u>

Form No. 632  
Revised 01/99

**DETACH BOTTOM BEFORE RETURNING**

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be



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 0091480

Annual Report for the year 1999

1. The name of the limited liability company is: NMS Associates, LLC

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

1140 Reservoir Avenue  
Cranston, RI 02920

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: Sandra Matrone Mack as Secretary HASLAW, LLC

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: Member, 1140 Reservoir Avenue, Cranston, RI 02920

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate

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

*Name*

*Address*

Elizabeth Procaccianti

1140 Reservoir Avenue, Cranston, RI 02920

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.

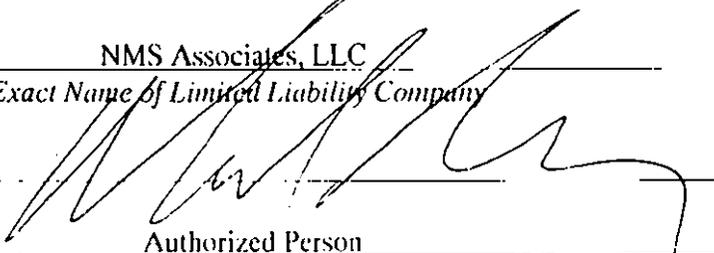
NMS Associates, LLC

Exact Name of Limited Liability Company

PAID

NOV 26 1999

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



Authorized Person

Title

Form No. LLC-19  
Revised 8/97

PAID 1010  
NOV 26 1999 616149  
SECY. OFFICE

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 0091480 Annual Report for the year 1998

1. The name of the limited liability company is: NMS Associates, LLC
2. The address of the principal office of the limited liability company is:  
  
1140 Reservoir Avenue  
Cranston, RI 02920
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: James P. Redding, Esq., 170 Westminster Street,  
Suite 1000, 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: Managing Member, 1140 Reservoir Avenue,  
Cranston, RI 02920
6. A brief statement of the character of the business in which the limited liability company is actually  
engaged in this state: Real Estate
7. If the limited liability company has managers, the name and address of each manager of the limited  
liability company

*Name*

*Address*

Elizabeth Procaccianti

1140 Reservoir Avenue, Cranston, RI 02920

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.

NMS Associates, LLC

*Exact Name of Limited Liability Company*

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

Authorized Person

Title

Form No. LLC-1 9

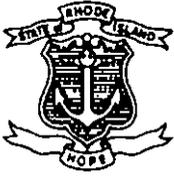
Revised 8/97

AMF  
10074

11-2-98

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 0091480

Annual Report for the year 1997

1. The name of the limited liability company is:

NMS Associates, LLC

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

1140 Reservoir Avenue, Cranston, RI 02920

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: James P. Redding, Esq.

170 Westminster Street, Suite 1000, 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: Managing Member

1140 Reservoir Avenue, Cranston, RI 02920

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate

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

*Name*

*Address*

Elizabeth Procaccianti

1140 Reservoir Avenue, Cranston, RI 02920

Dated 10/27, 1997

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.  
NMS Associates, LLC

Exact Name of Limited Liability Company

By [Signature]  
Authorized Person

Title

UP-10010