



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. 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 AVENUE		City CRANSTON	State RI Zip 02920
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE 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 • 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 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.



9 1 4 8 0

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



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 2004

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. <input checked="" 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 .	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 DLLC 09/21/04 09:30:50 AM

File Date 11/8/04

Check No. 164237

By: JS.

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



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 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



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

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 _____ Date 01/02/03
James P. Redding
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



9 1 4 8 0

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

Resident Agent

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>JAN 24 2002</u>
Check No.:	<u>3702010261</u>
By:	<u>a</u>

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
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 91480

Annual Report for the year 2000

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 _____



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 _____

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	FILED
Check No.:	DEC 18 2000
By:	<i>[Signature]</i> 132092

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 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

NOV 26 1999

616149

SECRET

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
<u>Elizabeth Procaccianti</u>	<u>1140 Reservoir Avenue, Cranston, RI 02920</u>
<u></u>	<u></u>
<u></u>	<u></u>

Dated 10/27, 19 97

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