

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 LI	ABIL	ITY COM		L REPORT FOR TH	E YEAR	2(005		
Filing Period: Septen (FORM MUST BE TYPED)			• Filing Fee: \$50.00						
1. ID No. 101980	2. Exact		of the limited liability company						
3. State of Formation 4. Brief description of the character of the husiness in				s which is actually conducted in Rhode Isla	ınd				
RHODE ISLAND OWNERSHIP OF REAL ESTATE.									
5. Principal office address	;			City	State	<u>. </u>	Zip		
52 Ceda		wamp Road		Smithfield	RI	_	02917		
	SS OF L	IMITED LIABILI	TY COMPANY AND NA	ME OR TITLE OF CONTACT PER	ISON:		, ,		
Contact Name Jean	Fal1	ago, Esqu	ire	Contact Title Attorne	∍y				
Street Address		<u></u>		City	State		Zip		
52 Ce	dar	Swamp Roa	ıđ	Smithfield	RI		02917		
ANY Manager Name	Y MODII	FILL IN SPACE	CES BEFORE USING AT	IABILITY COMPANY, IF APPLICA TACHMENTS ("X" BOX FOR A FILING OF AMENDMENT, R.I.G. Manager Name	TTACHMENT		6-52_		
Street Address	y - C	ICagiii		Street Address					
52	Ceda	r Swamp R	.oad						
Smithfiel	đ	State RI	^{Ζφ} 02917	City:	State		Zip		
Manager Name	••••••		******	Manager Name	Manager Nume				
Street Address			Street Address	Street Address					
City State Zip			City	State		Zip			
Agent Name		ODE ISLAND : I	O NOT ALTER - Chang	ges require filing of Form 642	- R.I.G.L. 7-1	16-11	ا د د د د د د د د د د د د د د د د د د د		
JEAN FALLAGO, ESQ.	·					T			
	\AD			City	Zip				
52 CEDAR SWAMP ROAD			SMITHFIELD	SMITHFIELD 02917					

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

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.

Lucy Cálcagni



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: Septe (FORM MUST BE TYPE			Filing Fee: \$50.00					
1. ID No 101980	2. Exact	name of the limited habi	lity company					
3. State of Formation RHODE ISLAND 4. Brief description of the character of the husiness wh OWNERSHIP OF REAL ESTATE.				hich is actually conducted in Rhode I	sland			
5. Principal office address 52 Cedar Swamp Road				Smithfield	State R I	^{χ_{ip}} 02917		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name Jean Fallago, Esquire				E OR TITLE OF CONTACT P		·		
Street Address				City	State	Zíp		
	52	Cedar Swam	p Road	Smithfield	RI	02917		
		FILL IN SPACES	BEFORE USING ATTA	BILITY COMPANY, IF APPLICACHMENTS ("X" BOX FOR ILLING OF AMENDMENT, R.I.	ATTACHMENT)) (2) / 7·16-52		
Manziger Name				Manager Name				
	Lucy	Calcagni						
Street Address	52 Ce	dar Swamp	Road	Street Address				
City Smithfie	1d	State RI	02917	City	State	Zφ		
Manager Name				Manager Name	****************	•		
Street Address				Street Address	· ,			
City		State	Zip	City	State	Zip		
Agent Name		ODE ISLAND - DO	NOT ALTER - Change	require filing of Form 64 Address	2 - R.I.G.L. 7-1	6-11		
JEAN FALLAGO, ES	<u>. </u>							
Address 52 CEDAR SWAMP ROAD				City Zip 02917				
						<u> </u>		

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



File Dair 10/25/84
Check No1146
Ву:
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.

Lever Calcage 10/30/04
Signature of Aphorized Person Date

Lucy Calcagni



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

Matthew A. Brown, Secretary of State

Gosporations Physical 190 North Main Street Procudence, Rt 02503-1335 491-222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2003

Filing Period: Septe (FORM MUST BE TYPE)			Filing Fee: \$50.00						
I ID So		name of the limited is	adoles a moras	· · · · · · · · · · · · · · · · · · ·	_				
101980		Stony Acres, L.L.C	•						
3 State of Formation				s which is actually conducted in Rhode F	sland	_			
RHODE ISLAND OWNERSHIP OF REAL ESTATE.									
3 Principal office addre	71			Caty	State	Zφ			
52 Cedar Swamp Road				Smithfield	RI	02917			
6. MAILING ADDR	ESS OF L	IMITED LIABILI	TY COMPANY AND NA	AME OR TITLE OF CONTACT PI	ERSON:	·			
Gaithei Name Jear	n Fall	ago, Esqu	ire	Connect Tale Attorne	ey				
Street Address 52 Cedar Swamp Road				^{Cut} Smithfield	State RI	^{Zip} 02917			
		FILL IN SPAC	ES BEFORE USING AT	IABILITY COMPANY, IF APPLIC TACHMENTS ("X" BOX FOR FILING OF AMENDMENT, R.L.	ATTACHMENT)] 2) / 7-16-52			
Manager Name				Manager Name	Manager Name				
Lu	ıcy Ca	lcagni		•					
Street Address		·		Street Adaress	Stret Adaress				
52	2 Ceda	r Swamp R	load						
City		State	Zip	City	State	Zψ			
Smithf	ield	RI	02917	•					
Manager Name				Manager Name					
Street Address			Street Address						
City		State	Zip	Cuy	State	Zap			
8. RESIDENT AGEN	NT IN RH	ODE ISLAND - D	OO NOT ALTER - Chan	ges require filing of Form 64: Address	l 2 - R.I.G.L. 7-16-1	1			
JEAN FALLAGO, ESC) <u>. </u>								
Address 52 CEDAR SWAMP ROAD			C(t) Z(p) SMITHFIELD 02917						
				-					

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

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9-	25.03
File Date	
Check No	999
	2e
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 D

Lucy Calcagni



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 <u>2002</u>

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. ID No. 2. Exact name of the limited liabilty company 101980 Stony Acres, L.L.C. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP OF REAL ESTATE. **RHODE ISLAND** 5. Principal office address State Ciry Zip 52_Cedar_Swamp_Road Smithf.ield.0-2-91-76. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title <u>Jean Fallago, Esquire</u> Street Address State Zip __52_Cedar_Swamp_Road. 7.NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED COMPANY, IF APPLICABLE FILL 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 · Manager Name Lucy Calcagni Street Address * Street Address 52 Cedar Swamp Road City State State Zip *Cirv Zip Smithfiel**f** 02917 Manuger Name Manager Name Street Address Street Address City State Cirv State Zip 8. RESIDENT AGENT IN RHODE ISLAND-DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 gent Name Address JEAN FALLAGO, ESQ. Address Ciry Zip **52 CEDAR SWAMP ROAD SMITHFIELD** 02917

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



File Date	11-4.02
Check No.	850
B _{Y:}	2
FOR SECRE	TARY 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 A Mithorized Person Date

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 101980

Annual Report for the year 2001

	Number DEEC 101300	Amigan	eport for the year <u>2001</u>							
1.	The name of the limited liability compa	ne name of the limited liability company is:								
	Stony Acres, L.L.C.									
2.	The address of the principal office of t	he limited liability company is:	52 Cedar Swamp Rd Smithfield, RI 02917							
3.	The state or other jurisdiction under the	ne laws of which it is formed is RI	HODE ISLAND							
4.	The name and address of its resident	agent is: JEAN FALLAGO, ESQ	·							
	52 CEDAR SWAMP ROAD SMITHF	ELD RI 02917								
5.	The current mailing address of the lim		me or title of a person to whom communication							
Ū.	may be directed are:									
	may be directed are.		d, Smithfield, RI 02917							
			·							
6.			ed liability company is actually engaged in ti							
	state: Real Estat	e Rental								
7.	If the limited liability company has ma Name	nagers, the name and address o	f each manager of the limited liability compan Address							
	Lucy Calcagni		wamp Rd, Smithfield, RI 0291							
Da	October 16, 2001	report, including any action that all statements contain Stony	I declare and affirm that I have examined to companying schedules and statements, and herein are true and correct. Acres, L.L.C. The of Limited Liability Company							
File	FOR SECRETARY OF STATE USE ONLY Date: 10-18-01	By Juny Co	aleagy:							
Che	eck No.: 689	<i>U</i>	Manger.							
By:	\sim		Form No. 632 Revised 01/99							

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

Revised 01/99



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

ın	Num	har	DI I	c 1	01	990
יטו	Num	Der	ULL	U I	UI	300

By:

ID	Number DLLC 101980	Annual Report for the year 2000					
1.	The name of the limited liability con	npany is:					
	Stony Acres, L.L.C.						
2.	The address of the principal office of the limited liability company is: 50 Cedar Swamp Road Smithfuld RI						
3.		the laws of which it is formed is <u>RHODE ISLAND</u>					
4. The name and address of its resident agent is: JEAN FALLAGO, ESQ.							
	52 CEDAR SWAMP ROAD SMITH	IFIELD RI 02917					
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: 52 Cedar Swamp Road Smithfeld, LI						
 7. 	state: RealeState If the limited liability company has no Name	of the business in which the limited liability company is actually engaged in this to holding Achyty and Lewtals nanagers, the name and address of each manager of the limited liability company Address 52 Cedar Swamp Rd Smithfield RT					
Da	1 0 1 9 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. Stony A Crub, L. L. Exact Name of Limited Liability Company					
	FOR SECRETARY OF STATE USE ONLY Date: // / 1	By Jean Fallago Esg					
Che	ck No.: 533	Tide					
_	_	Form No. 632					

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 <u>LL 101980</u>	Annual Report for the year 1999					
1.	The name of the limited liability comp	pany is:					
	Stony Acres, L.L.C.						
2.							
3.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND						
4.	The name and address of its residen	at agent is: JEAN FALLAGO, ESQ.					
	52 CEDAR SWAMP ROAD SMITH	FIFLD RI 02917					
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:						
6.	A brief statement of the character of	of the business in which the limited liability company is actually engaged in this					
7.		anagers, the name and address of each manager of the limited liability company Address					
Dat	ted	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.					
	* 1 0 1 9 8 0 *	Exact Wame of Limited Liability Company					
	FOR SECRETARY OF STATE USE ONLY Date: 12-15-99	By Jean-Fallogo hepal Representative					
'hec	k No.: 432	he fal Kerreseldouth					
y:	AMF	Form No. 632 Revised 01/99					