



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. 101980		2. Exact name of the limited liability company Stony Acres, 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 OWNERSHIP OF REAL ESTATE.	
5. Principal office address 52 Cedar Swamp Road		City Smithfield	State RI
		Zip 02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Jean Fallago, Esquire		Contact Title Attorney	
Street Address 52 Cedar Swamp Road		City Smithfield	State RI
		Zip 02917	
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 Lucy Calcagni		Manager Name	
Street Address 52 Cedar Swamp Road		Street Address	
City Smithfield	State RI	City	State
Zip 02917		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 JEAN FALLAGO, ESQ.		Address	
Address 52 CEDAR SWAMP ROAD		City SMITHFIELD	Zip 02917

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



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.

File Date 10/20/05 *101980*
Check No. 1272
By: DA

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person Lucy Calcagni Date 10/11/05
Print or Type Name of Authorized Person
Lucy Calcagni



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100 North Main Street
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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. 101980		2. Exact name of the limited liability company Stony Acres, 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 OWNERSHIP OF REAL ESTATE.	
5. Principal office address 52 Cedar Swamp Road		City Smithfield	State RI
		Zip 02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Jean Fallago, Esquire		Contact Title Attorney	
Street Address 52 Cedar Swamp Road		City Smithfield	State RI
		Zip 02917	
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 Lucy Calcagni		Manager Name	
Street Address 52 Cedar Swamp Road		Street Address	
City Smithfield	State RI	Zip 02917	
Manager Name		Manager Name	
Street Address		Street Address	
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 JEAN FALLAGO, ESQ.		Address	
Address 52 CEDAR SWAMP ROAD		City SMITHFIELD	Zip 02917

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



* 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.

Lucy Calcagni 10/30/04
Signature of Authorized Person Date

Lucy Calcagni

Print or Type Name of Authorized Person

File Date	10/25/04
Check No.	1146
By:	W.
FOR SECRETARY OF STATE USE ONLY	



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 101980		2. Exact name of the limited liability company Stony Acres, 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 OWNERSHIP OF REAL ESTATE.	
5. Principal office address 52 Cedar Swamp Road		City Smithfield	State RI
		Zip 02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Jean Fallago, Esquire		Contact Title Attorney	
Street Address 52 Cedar Swamp Road		City Smithfield	State RI
		Zip 02917	
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 Lucy Calcagni		Manager Name	
Street Address 52 Cedar Swamp Road		Street Address	
City Smithfield	State RI	City	State
Zip 02917		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 JEAN FALLAGO, ESQ.		Address	
Address 52 CEDAR SWAMP ROAD		City SMITHFIELD	Zip 02917

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



* 1 0 1 9 8 0 *

File Date	9-25-03
Check No.	999
By	Lucy Calcagni
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 Calcagni ✓ **9/23/03**
Signature of Authorized Person Date
✓ **Lucy Calcagni**
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. 101980		2. Exact name of the limited liability company Stony Acres, 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 OWNERSHIP OF REAL ESTATE.	
5. Principal office address 52 Cedar Swamp Road		City Smithfield	State RI
		Zip 02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Jean Fallago, Esquire		Contact Title Attorney	
Street Address 52 Cedar Swamp Road		City Smithfield	State RI
		Zip 02917	
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 Lucy Calcagni		Manager Name	
Street Address 52 Cedar Swamp Road		Street Address	
City Smithfield	State RI	City	State
Zip 02917		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 JEAN FALLAGO, ESQ.		Address	
Address 52 CEDAR SWAMP ROAD		City SMITHFIELD	Zip 02917

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



* 1 0 1 9 8 0 *

File Date 11-4-02

Check No. 850

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 Authorized Person Jean Fallago Date 10/31/02

Print or Type Name of Authorized Person Jean Fallago

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 101980

Annual Report for the year 2001

1. The name of the limited liability company is:

Stony Acres, L.L.C.

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

52 Cedar Swamp Rd
Smithfield, RI 02917

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: JEAN FALLAGO, ESQ.

52 CEDAR SWAMP ROAD SMITHFIELD 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: Lucy Calcagni

52 Cedar Swamp Rd, Smithfield, RI 02917

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

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

Name

Address

Lucy Calcagni

52 Cedar Swamp Rd, Smithfield, RI 02917

Dated October 16, 2001



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 Acres, L.L.C.

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

File Date: 10-18-01

Check No.: 689

By: ac

By: Lucy Calcagni
Manager
Title

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
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 101980

Annual Report for the year 2000

1. The name of the limited liability company is:

Stony Acres, L.L.C.

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

52 Cedar Swamp Road Smithfield, RI

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: JEAN FALLAGO, ESQ.

52 CEDAR SWAMP ROAD SMITHFIELD 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 Smithfield, RI

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

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

Name

Address

Lucy Calcagni

52 Cedar Swamp Rd Smithfield RI

Dated 9/21/02



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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 Acres, L.L.C.

Exact Name of Limited Liability Company

By

Jean Fallago Esq

Title

FOR SECRETARY OF STATE USE ONLY

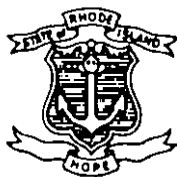
File Date: 10/19

Check No.: 533

By: ac

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



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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 LL 101980

Annual Report for the year 1999

1. The name of the limited liability company is:
Stony Acres, L.L.C.
2. The address of the principal office of the limited liability company is:

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: JEAN FALLAGO, ESQ.
52 CEDAR SWAMP ROAD SMITHFIELD, 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 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
_____	_____
_____	_____
_____	_____

Dated 12/2/99



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 Acres, L.L.C.
Exact Name of Limited Liability Company

By Jean Fallago
Legal Representative
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>12-15-99</u>
Check No.:	<u>432</u>
By:	<u>AMF</u>