



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. 103680		2. Exact name of the limited liability company BJZ 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 OWNERSHIP/DEVELOPMENT			
5. Principal office address 7 NINIGRET AVENUE		City PROVIDENCE	State RI	Zip 00000	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name LINDA A BRUNINI		Contact Title Manager			
Street Address 7 NINIGRET AVENUE		City PROVIDENCE	State RI	Zip 02907-	
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 Linda A. Brunini		Manager Name Jonathan J. Zucchi			
Street Address 7 Ninigret Avenue		Street Address 7 Ninigret Avenue			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
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 EDWARD D. FELDSTEIN		Address 10 WEYBOSSET STREET, 8TH FLOOR			
Address		City PROVIDENCE		Zip 02903	

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



1 0 3 6 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.

Signature of Authorized Person Date: 9/22/05

Linda A. Brunini
Print or Type Name of Authorized Person

File Date: 9/26/05
Check No.: 680
By:
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 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 103680		2. Exact name of the limited liability company BJZ 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 OWNERSHIP/DEVELOPMENT	
5. Principal office address 7 NINIGRET AVENUE		City PROVIDENCE	State RI Zip 00000
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name LINDA A BRUNINI Contact Title			
Street Address 7 NINIGRET AVENUE		City PROVIDENCE	State RI Zip 02907-
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 Linda A. Brunini		Manager Name Jonathan J. Zucchi	
Street Address 7 Ninigret Avenue		Street Address 7 Ninigret Avenue	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
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 EDWARD D. FELDSTEIN		Address 10 WEYBOSSET STREET, 8TH FLOOR	
Address		City PROVIDENCE	Zip 02903

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



1 0 3 6 8 0

File Date	9-30-04
Check No.	1587
By	UP
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 9/23/04
Linda A. Brunini
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
401-222-3090

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. 103680		2. Exact name of the limited liability company BJZ 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 OWNERSHIP/DEVELOPMENT			
5. Principal office address 7 Ninigret Avenue		City Providence	State RI	Zip 02907	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: Linda A. Brunini Contact Title: Mgr.					
Street Address 7 Ninigret Avenue		City Providence	State RI	Zip 02907	
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 Linda A. Brunini		Manager Name Jonathan J. Zucchi			
Street Address 7 Ninigret Avenue		Street Address 7 Ninigret Avenue			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
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 EDWARD D. FELDSTEIN		Address			
Address 10 WEYBOSSET STREET, 8TH FLOOR		City PROVIDENCE		Zip 02903	

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



FILED

File Date

SEP 30 2003

Check No.

By m7473

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.

9/11/03
Signature of Authorized Person Date

LINDA A. BRUNINI
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. *103680*		2. Exact name of the limited liability company BJZ 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 OWNERSHIP/DEVELOPMENT	
5. Principal office address 7 NINIGRET AVENUE		City PROVIDENCE	State RI Zip 00000
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name LINDA A BRUNINI Contact Title MGR Street Address 7 NINIGRET AVENUE City PROVIDENCE State RI Zip 02907-			
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 Linda A. Brunini		Manager Name Jonathan J. Zucchi	
Street Address 7 Ninigret Avenue		Street Address 7 Ninigret Avenue	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
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 EDWARD D. FELDSTEIN		Address 10 WEYBOSSET STREET, 8TH FLOOR	
Address		City PROVIDENCE	Zip 02903

This report must be signed in ink by an authorized person pursuant to 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.

**103680* 8/23/0210:53:18 AM*

File Date 9/9/2002

Check No. 637

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature] 9/3/02
Signature of Authorized Person Date
LINDA A. BRUNINI
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 DLIC 103680

Annual Report for the year 2001

1. The name of the limited liability company is:

BJZ Associates, LLC

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

7 Ninigret Avenue, Providence, RI 02907

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: EDWARD D. FELDSTEIN

10 WEYBOSSET STREET, 8TH FLOOR 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: 7 Ninigret Ave., Providence, RI 02907

Linda A. Brunini

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

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

Name
Linda A. Brunini

Address
7 Ninigret Ave., Providence, RI 02907

Jonathan J. Zucchi

7 Ninigret Ave., Providence, RI 02907

Dated 9/27/01



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.

BJZ Associates, LLC

Exact Name of Limited Liability Company

By [Signature]

Linda A. Brunini, Member

Member
Title

Form No 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY
FILED
File Date:

Check No.:

OCT 09 2001

By: [Signature]

By

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 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 103680

Annual Report for the year 2000

1. The name of the limited liability company is:

BJZ Associates, LLC

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

7 Ninigret Ave., Providence, RI 02907

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: EDWARD D. FELSTEIN FELDSTEIN

10 WEYBOSSET STREET, 8TH FLOOR 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: 7 Ninigret Ave., Providence, RI 02907

Linda A. Brunini

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

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

Name
Linda A. Brunini

Address
7 Ninigret Ave., Providence, RI 02907

Jonathan J. Zucchi

7 Ninigret Ave., Providence, RI 02907

Dated 9/18/00



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.

BJZ Associates, LLC

Exact Name of Limited Liability Company

By Linda A. Brunini, Member

Linda A. Brunini, Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

FILED

Check No.:

SEP 21 2000

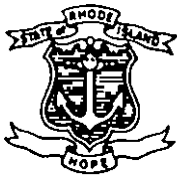
By:

[Signature]

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 LL 103680

Annual Report for the year 1999

1. The name of the limited liability company is:
BJZ Associates, LLC
2. The address of the principal office of the limited liability company is:
7 Ninigret Ave., Providence, RI 02907
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: EDWARD D. FELSTEIN
10 WEYBOSSET STREET, 8TH FLOOR 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: 7 Ninigret Ave., Providence, RI 02907
Linda A. Brunini
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate ownership/development.
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Linda A. Brunini</u>	<u>7 Ninigret Ave., Providence, RI 02907</u>
<u>Jonathan J. Zucchi</u>	<u>7 Ninigret Ave., Providence, RI 02907</u>

Dated 10/28/99



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.

BJZ Associates, LLC

Exact Name of Limited Liability Company

By
Linda A. Brunini, Member
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>11/29/99</u>
Check No.:	<u>594</u>
By:	<u>91259</u>