

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 1					
1. ID No.	2. Exact name of the lit				-
108080					
3. State of Formation	1 .	•	business which is actually conducted it	n Rhode Island	
RHODE ISLAN	ND LEASING F	REAL ESTATE			
5. Principal office a	nddress		City	State	Zip
1079 MAIN S	TREET		WEST WARWICK	RI	02893-
6. MAILING AL	DDRESS OF LIMITED	LIABILITY COMPA	YAND NAME OR TITLE O	OF CONTACT PER	ISON:
Contact Name			Contact Title		
LOUISE M AR	CAND		•		
Street Address			City	State	Zip
1079 MAIN S	TREET		.WEST WARWICK	RI	02893-
7. NAME AND	ADDRESS OF EACH N	IANAGER OF THE L	IMITED LIABILITY COMP	ANY, IF APPLICA	ABLE
		PACES BEFORE USING		OR ATTACHMENT)	
			RES FILING OF AMENDMENT. R.	.l.G.L 7-16-12 (a) (2) /	7-16-52
Manager Name				*****	
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	rcand		•Manager Name :Louise M. Arcan	đ	
**	rcand		. •	d	
Alfred A. A Street Address			Louise M. Arcan		
Alfred A. A Street Address 24 Mumford		[Zip	Louise M. Arcan		Zip
Alfred A. A	Street	<i>Zip</i> 02816	Louise M. Arcan *Street Address . 24 Mumford Stre	et	<i>Zip</i> 02816
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Alfred A. A Street Address 24 Mumford City	Street State	1 *	Louise M. Arcan *Street Address 24 Mumford Stre *City Coventry	et Siaic	'
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Alfred A. A Street Address 24 Mumford City Coventry Manager Name Street Address City 8. RESIDENT Address	Street State RI State State	02816 Zip	Louise M. Arcan Street Address 24 Mumford Stre City Coventry Manager Name Street Address City anges require filing of Fo	et State RI State	02816 Zip
Alfred A. A Street Address 24 Mumford City Coventry Manager Name Street Address City 8. RESIDENT At Agent Name	Street State RI State RI State	02816 Zip	Louise M. Arcan *Street Address 24 Mumford Stre *City Coventry *Manager Name *Street Address City	et State RI State	02816 Zip
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Alfred A. A Street Address 24 Mumford City Coventry Manager Name Street Address City 8. RESIDENT At Agent Name	Street State RI State RI State	02816 Zip	Louise M. Arcan Street Address 24 Mumford Stre City Coventry Manager Name Street Address City anges require filing of Fo	State State State PLAZA	02816 Zip

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

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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.

Form 632 Rcv. 6/02



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 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) 2. Exact name of the limited liabilty company I. ID No. 108080 Arcand Management, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation LEASING REAL ESTATE RHODE ISLAND 5. Principal office address City State Zıp 1079 MAIN STREET WEST WARWICK RI 02893-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title LOUISE M ARCAND Street Address City State Zip 1079 MAIN STREET .WEST WARWICK RI 02893-7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY 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 Alfred A. Arcand Louise M. Arcand Street Address · Street Address 24 Mumford Street 24 Mumford Street City State Zip City State Zip Coventry RI 02816 RI Coventry 02816 Manager Name Munager Name Street Address ·Street Address City State City Zip State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Agent Name Address JOHN H. REID, III, ESQ. 2800 FINANCIAL PLAZA Address City Zip EDWARDS & ANGELL, LLP PROVIDENCE. 02903 -

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



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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.

Alley Durand 10/18/200

Form 632 Rev. 6/02



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, KL02903-1335 (01/222/30)6

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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5 Principal Africashlics			City	State	Zap
1079 Main	Street		West Warwick	Rhode Island	02893
. MAILING ADDI	RESS OF LIMITED LIA	BILITY COMPANY AND NA	AME OR TITLE OF CONTACT F		1 02075
Journal Name			: Contact Title		
Louise M.	Arcand				
street Address	_	· · · · · · · · · · · · · · · · · · ·	City	State	Zip
1079 Main	Street		West Warwick	Rhode Island	02893
NAME AND AD	DRESS OF EACH MAN	AGER OF THE LIMITED LI	IABILITY COMPANY, IF APPLI	CABLE	•
	FILL IN S	PACES BEFORE USING AT	TACHMENTS ("X" BOX FOR	ATTACHMENT) \square	
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				147.5% /- E()-12 (a) (b) / /-1	0-72
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Alfred A.	Arcand		Manager Fame Louise M. Arcand Street Address	 	
Alfred A.	Arcand		Manager Name Louise M. Arcand	 	
Alfred A. direct Address 24 Mumfor	Arcand	²⁴⁹ 02816	Manager Fame Louise M. Arcand Mirect Address 24 Mumford Street	State	124
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Alfred A. 24 Mumfor 24 Mumfor (It) Coventry (Ianager Name (rect Address) (II) RESIDENT AGE	Arcand d Street State RI	Zip 02816	Manager Name Louise M. Arcand Mired Address 24 Mumford Street City Coventry Manager Name Street Address City	State RI	^{2φ} 02816
Alfred A. Street sidires, 24 Mumfor Alpred Coventry Manage Name Street sidiress	Arcand d Street State RI State NT IN RHODE ISLAND	Zip 02816	Manager Name Louise M. Arcand Miret Address 24 Mumford Street City Coventry Manager Name Street Address City Gty Graph	State RI	^{2φ} 02816
Alfred A. Street sidires. 24 Mumfor Coventry Manager Name Street Address III B. RESIDENT AGE	Arcand d Street State RI State NT IN RHODE ISLAND	Zip 02816	Manager Name Louise M. Arcand Miret Address 24 Mumford Street City Coventry Manager Name Street Address City City Address	State RI	^{2φ} 02816

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

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Cde Date	10	,	,	٠,	 1			

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury. I declare and affirm that I have examined this report.
neluding any accompanying schedules and statements, and that all statements,
contained herein are true and correct.



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 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) L. ID No. 2. Exact name of the limited liabilty company 108080 Arcand Management, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **LEASING REAL ESTATE** RHODE ISLAND 5. Principal office address City State Zip 1079 Main Street West Warwick Rhode Island 02893 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Louise M. Arcand Street Address City 1079 Main Street West Warwick RΙ 02893 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY 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 Alfred A. Arcand Louise M. Arcand Street Address Street Address 24 Mumford Street 24 Mumford Street City State 'City State Coventry 02816 02816 Coventry Manager Name Manager Name Street Address ·Sireci Address State Zip State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address JOHN H. REID, III, ESQ. EDWARDS & ANGELL, LLP Address Zip 2800 FINANCIAL PLAZA **PROVIDENCE** 02903

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



File Date	10.7:02
Check No	472
В <u>у:</u>	2-
FOR SECRETA	RY 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.

1/2/02

Filing Fee: \$50.00

By:

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

- S

Revised 01/99

LIMITED LIABILITY COMPANY

ID	Number DLLC 108080	Annual Report for the year 2001		
1.	The name of the limited liability compa	ny is:		
	Arcand Management, LLC			
The address of the principal office of the limited liability company is:				
	1079 Main Street, West Warwi	ck, Rhode Island 02893-3797		
3.	The state or other jurisdiction under the	e laws of which it is formed is RHODE ISLAND		
4.	The name and address of its resident a	agent is: JOHN H REID. III. ESQ.		
	Fin	ancial		
_				
5.	The current mailing address of the limi	ited liability company and the name or title of a person to whom communications		
	may be directed are: Louise M.	Arcand, 1079 Main Street, West Warwick,		
	Rhode Island 02893-3797			
state: Leasing real est		the business in which the limited liability company is actually engaged in this agers, the name and address of each manager of the limited liability company Address		
	Alfred A. Arcand	24 Mumford Street, Coventry, RI 02816		
	Louise M. Arcand	24 Mumford Street, Coventry, RI 02816		
File	for SECRETARY OF STATE USE ONLY Date:	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. Arcand Management, LLC Exact Name of Limited Liability Company Manager		
Che	ck No.: 365	Title		

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 108080

Annual Report for the year 2000

1.	The name of the limited liability company	y is:			
	Arcand Management, LLC				
2.	The address of the principal office of the	limited liability company is:			
	24 Mumford Street, Coventry,	RI 02816			
3.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND				
	·				
4.	•				
	EDWARDS & ANGELL, LLP 2800 BANI	KBOSTON PLAZA PROVIDENCE RI 02903			
5.	The current mailing address of the limite	ed liability company and the name or title of a person to whom communications			
	may be directed are: Louise M. A	rcand, 24 Mumford Street, Coventry, RI 02816			
	,				
		to be a limited liability company is noticelly engaged in this			
6.		he business in which the limited liability company is actually engaged in this			
	state: Leasing real estate	•			
7.	If the limited liability company has mana Name	agers, the name and address of each manager of the limited liability company Address			
	Alfred A. Arcand	24 Mumford Street, Coventry, RI 02806			
	Louise M. Arcand	24 Mumford Street, Coventry, RJ 02816			
_		the term of the standard and affirm that I have everying this			
Dε	ted October 10, 2000	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and			
	0) 9103L 0018Y 1019Y 0010L10JII 008	that all statements contained herein are true and correct.			
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	FOR SECRETARY OF STATE USE ONLY	on Man N March			
File	e Date: 10-17-00	appeal many			
Ch	eck No.: & 4/4/	Manager <i>Title</i>			
Bv	: Am	Form No. 632 Revised 01/99			