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.	2. Exact name of the limited liability 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
RHODE ISLAND	LEASING REAL ESTATE

5. Principal office address	City	State	Zip
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	Street Address	City	State	Zip
Alfred A. Arcand	24 Mumford Street	Coventry	RI	02816
Louise M. Arcand	24 Mumford Street	Coventry	RI	02816

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	City	Zip
JOHN H. REID, III, ESQ.	2800 FINANCIAL PLAZA		
EDWARDS & ANGELL, LLP		PROVIDENCE	02903

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

[redacted] 1 0 8 0 8 0 [redacted]

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.

Alfred A. Arcand 9/4/05
Signature of Authorized Person *Date*

ALFRED A ARCAND
Print or Type Name of Authorized Person

108080 DLLC 08/30/05 03:19:59 PM
File Date 9/7/05
Check No. 791
By: DA
FOR SECRETARY OF STATE USE ONLY

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, 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.	*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*
RHODE ISLAND	LEASING REAL ESTATE

5. Principal office address	*City*	*State*	*Zip*
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	Coventry / RI / 02816
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	*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.

[redacted] 108080 [redacted]

108080 DLLC 10/15/04 09:44:38 AM
File Date 10/25/04
Check No. 6689
By: D.
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.

Alfred A Arcand 10/18/2004
Signature of Authorized Person *Date*

[redacted] ALFRED A ARCAND
Print or Type Name of Authorized Person

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, 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.	2. Exact name of the limited liability 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
RHODE ISLAND	LEASING REAL ESTATE

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	State	Zip
1079 Main Street	West Warwick	Rhode Island	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	Street Address	City	State	Zip
Alfred A. Arcand	24 Mumford Street	Coventry	RI	02816
Louise M. Arcand	24 Mumford Street	Coventry	RI	02816

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	City	Zip
JOHN H. REID, III, ESQ.	EDWARDS & ANGELL, LLP		
2800 FINANCIAL PLAZA		PROVIDENCE	02903

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

[redacted] * 1 0 8 0 8 0 * [redacted]

File Date	10/1/04
Check No	673
By	DA

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.

Alfred A Arcand 8/21/04
Signature of Authorized Person *Date*

[redacted] ALFRED A ARCAND
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.	2. Exact name of the limited liability 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
RHODE ISLAND	LEASING REAL ESTATE

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	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	Street Address	City	State	Zip
Alfred A. Arcand	24 Mumford Street	Coventry	RI	02816
Louise M. Arcand	24 Mumford Street	Coventry	RI	02816

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	City	Zip
JOHN H. REID, III, ESQ.	EDWARDS & ANGELL, LLP	PROVIDENCE	02903
2800 FINANCIAL PLAZA			

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

[redacted]

* 108080 *

[redacted]

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.

Alfred A Arcand 10/2/02
Signature of Authorized Person *Date*

ALFRED A ARCAND
Print or Type Name of Authorized Person

[redacted]

File Date 10.7.02
Check No 4772
By: Dn
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

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** 2001

1. The name of the limited liability company is:

   Arcand Management, LLC

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

   1079 Main Street, West Warwick, Rhode Island 02893-3797

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: JOHN H REID, III, ESQ.

   EDWARDS & ANGELL, LLP 2800 ~~BANKBOSTON~~ Financial PLAZA 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: Louise M. Arcand, 1079 Main Street, West Warwick, Rhode Island 02893-3797

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Leasing real estate.

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

Name	*Address*
Alfred A. Arcand	24 Mumford Street, Coventry, RI 02816
Louise M. Arcand	24 Mumford Street, Coventry, RI 02816

Dated October 9, 2001

1 0 8 0 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.

Arcand Management, LLC
Exact Name of Limited Liability Company

By Alfred A Arcand

Manager
Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY
File Date: 10-19-01
Check No.: 365
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

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 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. The name and address of its resident agent is: JOHN H REID, III, ESQ.

   EDWARDS & ANGELL, LLP 2800 BANKBOSTON PLAZA 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: Louise M. Arcand, 24 Mumford Street, Coventry, RI 02816

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Leasing real estate.

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

Name	*Address*
Alfred A. Arcand	24 Mumford Street, Coventry, RI 02806
Louise M. Arcand	24 Mumford Street, Coventry, RI 02816

Dated October 10, 2000

1 0 8 0 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.

Arcand Management, LLC
Exact Name of Limited Liability Company

By Alfred A. Arcand

Manager
Title

FOR SECRETARY OF STATE USE ONLY
File Date: 10-17-00
Check No.: 2414
By:

Form No. 632
Revised 01/99