

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) I. ID No. 2. Exact name of the limited liabilty company 101783 Tonetti Enterprises, LLC 3. State of Formation 4 Brief description of the character of the business which is actually conducted in Rhode Island PURPOSES OF ACQUIRING, DEVELOPING, OWNING, LEASING, MORTGAGING, OPERATING AND RHODE ISLAND DISPOSING OF REAL PROPERTY 5. Principal office address Cin 1764 MENDON ROAD, SUITE 8 CUMBERLAND RI 02864-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Солгаст Мате Contact Title GINO G TONETTI .Operating Manager Street Address City State Z.ip 1764 MENDON ROAD, SUITE 8 . CUMBERLAND RI 02864-7. 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 Manuger Nume · Manager Name Gino Tonetti Dione C. Tonetti Street Address · Street Address 1764 Mendon Road, Suite 8 1764 Mendon Road, Suite 8 State •City State Zio Cumberland RΙ 02864 Cumberland RI 02864 Manager Name Manager Name Street Address ·Street Address City State Zip State Zin 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Agent Name NADEAU & SIMMONS, P.C. 56 PINE STREET Address City Zip PROVIDENCE 02903

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



| File Date 11/18/125  Check No. 18088  By: D |               | 09/30/05 12:04:52 PM* |
|---|---------------|-----------------------|
| в.:   | File Date     | 18/13                 |
| ву:   | Check No      | 18088                 |
|   | B <u>v:</u>   | <i>b</i>              |
| FOR SECRETARY OF STATE USE ONLY             | 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 too and correct.       |
| Mul & motto Mar. 10.12.05   |
| Signiffice of Authorized Person Date                                |
| Gno G. Tonetti, Manager   |
| Print or Type Name of Authorized Person                             |



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

| (FORM MUST BE TYP.  | ED OR PRINTED IN BL                            | I ● Filing Fee: \$50   |  |   |                     |
|---|--|------------------------|--|---|---------------------|
| 1. ID No.<br>101783   | 2. Exact name of the lit<br>Tonetti Enterprise | nited liabilty company |  |   |                     |
| 3. State of Formation 4. Brief description of the character of the bus                    |  |                        | husiness which is actually conducted   | in Rhade Island                             |                     |
| RHODE ISLAND  | PURPOSES<br>DISPOSING                          | OF ACQUIRING, DE       | VELOPING, OWNING, LEAST  | NG, MORTGAGING                              | , OPERATING AND     |
| 5 Principal office addre<br>1764 Mendon R   |  | _                      | Cuy<br>Cumberland  | State<br>R I                                | <i>Zip</i><br>02864 |
| GINO G TONETT   |  | LIABILITY COMPA        | NY AND NAME OR TITLE  Contact Title  Operating Manage  | •   | RSON:               |
| Street Address  |  |                        | City   | State                                       | Zip                 |
| 1764 Mendon Ro  | oad, Suite 8                                   |                        | .Cumberland  | RI  | 02864               |
| Manager Name<br>Gino Tonetti  | FICE IN SE                                     | ACES BEFORE USING      | RES FILING OF AMENDMENT, R  * Manager Name   | OR ATTACIIMENT) [<br>.l.G.L 7-16-12 (a) (2) | ד                   |
|   |  |                        | Dione C. Tonett  | ii  |                     |
| Street Address<br>1764 Mendon R   | oad, Suite 8                                   |                        | • Street Address<br>• 1764 Mendon Ro   | oad, Suite 8                                |                     |
| City  | State  | Zip                    | *City  | State                                       |                     |
| Cumberland  | RI   | 02864                  | Cumberland Manager Name  | RI  | )2864               |
| Cumberland Manager Name Street Address  |  | , ,                    | Cumberland   |   |                     |
| Cumberland<br>Manager Name  |  | , ,                    | Cumberland<br>Manager Name   |   |                     |
| Cumberland Manager Name Street Address  | State  | 02864                  | Cumber land Manager Name Street Address City   | RI  | )2864<br>Zip        |
| Cumberland Manager Name  Street Address  Tity  B. RESIDENT AGEN  gent Name                | Siuic  F IN RHODE ISLANI                       | 02864                  | Cumber land Manager Name Street Address City Address   | RI  | )2864<br>Zip        |
| Cumberland Manager Name Street Address City  B. RESIDENT AGEN                             | Siuic  F IN RHODE ISLANI                       | 02864                  | Cumber land  Manager Name  Street Address  City  Inges require filing of Fo  Address  56 PINE STREET | RI State                                    | )2864<br>-16-11     |
| Cumberland Manager Name Street Address  City  B. RESIDENT AGEN  gent Name  NADEAU & SIMMO | Siuic  F IN RHODE ISLANI                       | 02864                  | Cumber land Manager Name Street Address City Address   | RI State                                    | )2864<br>Zip        |

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



| *101783     | DLLC 11/19/04 02:15:11 PM* |
|-------------|----------------------------|
| File Date_  |                            |
| Check No    | 17170                      |
| B <u>y:</u> | <b>1</b> 3.                |
| FOR SECR    | ETARY OF STATE USE ONLY    |
|             |                            |

| Under penalty of perjury, I declare and affirm<br>this report, including any accompanying scho | dules and  | statements. |    |
|--|------------|-------------|----|
| and that all statements contained herein are to  | rue and co | mect.       |    |
| MUTTY WY   | 11-        | 28 +        | or |
| Girlo G. Tonetti, Manager  | Daie       |             | 7  |

Profe or Type Name of Authorized Person



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

| 1. 10 No.<br>101783      |  | 4CK)  |   |                                  |   |
|--------------------------|--|---|---|----------------------------------|---|
| 1 101/03                 | 2. Exact name of the lin<br>Tonetti Enterprise | nited liabilty company                                    |   |                                  |   |
| 3. State of Formation    |  |   | husiness which is actually conducted  | tio Dhada (atau                  |   |
| RHODE ISLAND             | PURPOSES DISPOSING                             | OF ACQUIRING, DEV   | VELOPING, OWNING, I.PAST  | in Knode Island<br>ING, MORTGAGI | NG, OPERATING AND                                       |
| 5. Principal office addi |  |   | City  | State                            | Zip   |
| 958 NORTH MAI            |  |   | PROVIDENCE  | RI                               | 02903-  |
| 6. MAILING ADD           | RESS OF LIMITED                                | LIABILITY COMPA   | NY AND NAME OR TITLE  | OF CONTACT                       | PERSON:   |
| GINO G TONETT            |  |   | Contact Title   |                                  | <del></del>   |
| Street Address           | <del>-</del>                                   |   | .Operating Manag  |                                  |   |
| 958 NORTH MAI            | N STREET                                       |   | City PROVIDENCE   | State<br>RI                      | Zip   |
| 7. NAME AND AD           | DRESS OF EACH M                                | ANAGER OF THE L<br>ACES BEFORE USING<br>TO MANAGERS REQUI | INUTED LIABILITY COME<br>ATTACHMENTS TOWN FOR<br>RES FILING OF AMENDMENT, R |                                  | 02903-<br>ICABILE<br>0 0 7-16-52                        |
| Gino G. Tonet            | * 4  |   | • Manager Name  |                                  |   |
| Street Address           |  |   | Dione C. Tonett   | i                                |   |
| 958 North Main           | n Street                                       |   | Street Address  |                                  |   |
| City                     | State  | Zip   | .958 North Main   |                                  |   |
| Providence               | RI   | 02903   | Providence  | State<br>RI                      | <i>Zip</i><br>  02903                                   |
| Manager Name             | • • • • • • • • • • • •                        | ,   | Manager Name  |                                  |   |
|                          |  |   | •   |                                  |   |
| Sirvei Addiess           |  | · · · · · · · · · · · · · · · · · · ·                     | ·Street Address   |                                  |   |
| City                     | State  | Zip   | ·City   | 10                               |   |
|                          |  | `   | •   | State                            | Zip   |
| 8. RESIDENT AGEN         | T IN RHODE ISLANI                              | -DO NOT ALTER- Cha  | inges require filing of Fo  | rm 642 - R I G I                 | 7.16.11   |
| G                        |  |   | Address   | The second                       | /-10-11   |
| NADEAU & SIMM            | IONS, P.C.                                     |   | 56 PINE STREET  |                                  |   |
| Address                  | · · · · · · · · · · · · · · · · · · ·          | <u> </u>  | City  |                                  | Zip   |
|                          |  |   | PROVIDENCE  |                                  | 02903   |
|                          |  | <del></del>   | <del></del>   |                                  | 02303   |
|                          |  |   |   |                                  |   |
| his report must be       | signed in ink by an                            | authorized person pu                                      | ursuant 10 7-16-66.   |                                  |   |
| his report must be       | signed in ink by an                            | authorized person pu                                      | Under penalty of perju  | ury, I declare and a             | offirm that I have examined a schedules and statements. |



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

| Flung Period: Sept<br>(FORM MUST BE TY)                | PED OR PRINTED IN B  | LACK)   |   | •                               |                                       |                      |
|--|--|---|---|---------------------------------|---------------------------------------|----------------------|
| *101783*   | 2 Exact name of the limited liability company Tonetti Enterprises, LLC |   |   |                                 |                                       |                      |
| 3 State of Formation<br>RHODE ISLAND                   | DISPOSIN   | ription of the character of the<br>S OF ACQUIRING, DE<br>IG OF REAL PROPERT | business which is actually conducted VELOPING, OWNING, LEAS:    | in Rhode Island<br>ING, MORTGAC | GING, OPI                             | ERATING AND          |
| 5 Principal office addi                                |  | <del></del>   | City  | State                           | <u> </u>                              | 13.                  |
| 958 NORTH MAI  |  |   | PROVIDENCE  | RI                              |                                       | <i>Zip</i><br>02903- |
| 6. MAILING ADD   | ress of Limite   | DETABILITY COMPA  | NY AND NAME OR TITLE  | OF CONTACT                      | T PERSON                              |                      |
| GINO G TONETT  |  |   | Contact Tule Operating Manag                                    |                                 | e e e e e e e e e e e e e e e e e e e |                      |
| Street Address   |  |   | City  | State                           |                                       | Zip                  |
| 958 NORTH MAI  |  |   | PROVIDENCE  | RI                              |                                       | Lázona               |
| Manager Name   | ANY MODIFICATION   | S TO MANAGERS REQU  | ATTACHMENTS ("X" BOX F RES FILING OF AMENDMENT. F  Manager Name | LG.E 7-18-12 (a                 | (2) / 7-16-                           | 52                   |
| Gino G Toneti  |  |   | Dione C Tonetti   |                                 |                                       |                      |
| Street Address   |  |   | Street Address  | ·                               | <del></del>                           |                      |
| 958 North Main   | n Street   |   | .958 North Main   | 0.                              |                                       |                      |
| City   | State  | Zip   | *City   |                                 |                                       | <u> </u>             |
| Providence   | RI   | 02903   | .Providence   | State<br>R I                    |                                       | Zip                  |
| lanager Name   | • • • • • • • • • •  | • • • • • • • • • • • • • •   | Manager Name  |                                 | • • • • •                             | 02903                |
| Sirvet Address   |  | <del>-</del>  | · Street Address  |                                 |                                       |                      |
|  |  |   | •   |                                 |                                       |                      |
| 'ity   | State  | Zip   | City  | State                           |                                       | Zip                  |
| <del></del>  | TIN PHODE IST AN   | D -DO NOT ALTER- Chi  | inges require filing of Fo                                      | rm 642 . B.C.                   | 1. Jet 4.0 44 15                      |                      |
| RESIDENT AGEN  | THE PARTY OF THE PARTY   |   |   | 1111 0 72 - 101.0               | LL /-[0-1]                            |                      |
|  |  |   | Address   |                                 |                                       |                      |
|  |  | A Company and   | Address   |                                 |                                       |                      |
| NADEAU & SIMM  |  |   | Address 56 PINE STREET Cay                                      |                                 | 17in                                  |                      |
| RESIDENT AGEN<br>gent Name<br>NADEAU & SIMM<br>Iddress |  |   | 56 PINE STREET  |                                 | Zip<br>02903                          | <del></del>          |

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

| *101783 DL   | LC9/24/022:22:13 PM* |
|--------------|----------------------|
| File Date    | 10-16-02             |
| Check No.    | 147,7                |
| B <u>y.</u>  | de                   |
| FOR SECRETAI | RY OF STATE USE ONLY |

| Under penalty of perjury, Lacclare and aff  | firm that I have examined |
|---|---------------------------|
| this report including any accompanying s<br>and that all statements contained hereign | CDPOILEC and cratements   |
| Mush  | Murs                      |
| Signature of Authorized Person  | Date                      |
| Gino G. Tonetti Manage  | er_                       |

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

#### **\***

|          | LIMITE  | D LIABILITY COMPANY  |
|----------|---|--|
| ID       | Number DLLC 101783  | Annual Report for the year 2001  |
| 1.       | The name of the limited liability company is:   |  |
|          | Tonetti Enterprises, LLC  |  |
| 2.       | The address of the principal office of the limite   | d liability company is:  |
|          | 958 North Main Street, Provi  |  |
| 3.       | The state or other jurisdiction under the laws of   |  |
| 4.       | Ti i i i i file sidest papet is   |  |
| 5.       |   | ility company and the name or title of a person to whom com-   |
|          | may be directed are: Gino G. Tonett: 958 North Main Street, Prov  | idence, RI 02903   |
| 6.<br>7. | A brief statement of the character of the bustate: Purposes of acquiring, de and disposing of real properly the limited liability company has managers, | veloping, owning, leasing, mortgaging, operating or interests therin wherever located.  The name and address of each manager of the limited liability company Address                                |
|          | Name  | Oss North Main Street, Providence, RI 02903  |
|          | Dione C. Tonetti  | 958 North Main St, Providence, RI 02903  |
| D        | Pated   | 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. |

FOR SECRETARY OF STATE USE ONLY 10-15-01 File Date:

Check No .:

13264

By:

Entergrises. Exac Name of Limited Liability Company

Tonetti

President

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 101783                        | Annual Report for the year 2000  |
|------|---|--|
| 1.   | The name of the limited liability compa   | ny is:   |
|      | Tonetti Enterprises, LLC                  |  |
| 2.   | The address of the principal office of th | e limited liability company is:  |
|      | 958 North Main Street, Providence, R      | U 02903  |
| 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 a    |  |
|      | 1250 TURKS HEAD BUILDING PROV             |  |
| 5.   |   | red liability company and the name or title of a person to whom communication  |
|      | may be directed are: Gino G. Tonetti      |  |
|      | 958 Main St., P                           | rovidence, RI 02903  |
| 6.   | A brief statement of the character of the | he business in which the limited liability company is actually engaged in thi  |
|      | state: Purposes of acquiring, developi    | ing, owning, lwasing, mortgaging, operating and disposing of mol   |
|      | property or interests therin wh           | nerever located.  In a series of each manager of the limited liability company and address of each manager of the limited liability company and address.   |
|      | Gino G. Tonetti                           | 958 Main Street, Providence, RI 02903  |
|      | Dione C. Tonetti                          | 958 Main Street, Providence, RI 02903  |
| ,    |   |  |
| Date | bedb                                      | 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. |
|      | ##  | Tonetti Enterprises, LLC   |

FOR SECRETARY OF STATE USE ONLY Date: /// File Date: 11456 Check No .: By:

Exactivame of Limited Liability Company

Æ. Tone⊭Li, President

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 LL 101783 Annual Report for the year 1999  |
|------------|---|
| 1.         | The name of the limited liability company is:   |
|            | Tonetti Enterprises, LLC  |
| 2.         | The address of the principal office of the limited liability company is:  |
|            | 95 North Main Street, Providence, RI 02904  |
| 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: NADEAU & SIMMONS, P.C.   |
|            | 1250 TURKS HEAD BUILDING PROVIDENCE, RI 02903   |
| 5.         | The current mailing address of the limited liability company and the name or title of a person to whom communication  |
|            | may be directed are: Gino G. Tonetti  |
|            | 95 North Main Street, Providence, RI 02904  |
| 6.         | A brief statement of the character of the business in which the limited liability company is actually engaged in this Acquiring, developing, owning, leasing, mortgaging, operating and disposing state: of real property or interests therein. |
| 7.         | If the limited liability company has managers, the name and address of each manager of the limited liability company  Name  Address   |
|            | Gino G. Tonetti 95 North Main Street, Providence, RI 02904  |
|            |   |
| Date       | report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.   |
| File E<br> | Tonetti Enterprises, LLC  * 1 0 1 7 8 3 *    Exact Name of Limited Liability Company  |
| Check      | AMC Form No. 632  |
| By:        | AMC Form No. 632 Revised 01/99  |