



# 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. 101783		2. Exact name of the limited liability company Tonetti Enterprises, LLC	
3. State of Formation RHODE ISLAND		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 DISPOSING OF REAL PROPERTY	
5. Principal office address 1764 MENDON ROAD, SUITE 8		City CUMBERLAND	State RI
		Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name GINO G TONETTI		Contact Title Operating Manager	
Street Address 1764 MENDON ROAD, SUITE 8		City CUMBERLAND	State RI
		Zip 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) <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 Gino Tonetti		Manager Name Dione C. Tonetti	
Street Address 1764 Mendon Road, Suite 8		Street Address 1764 Mendon Road, Suite 8	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
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 NADEAU & SIMMONS, P.C.		Address 56 PINE STREET	
Address		City PROVIDENCE	Zip 02903

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



1 0 1 7 8 3

*101783 DLLC 09/30/05 12:04:52 PM*	
File Date	11/15/12
Check No.	18058
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] 10-12-05  
Signature of Authorized Person Date

Gino G. Tonetti, Manager  
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  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

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5. Principal office address 1764 Mendon Road, Suite 8		City Cumberland	State RI
		Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name GINO G TONETTI		Contact Title Operating Manager	
Street Address 1764 Mendon Road, Suite 8		City Cumberland	State RI
		Zip 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) <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 Gino Tonetti		Manager Name Dione C. Tonetti	
Street Address 1764 Mendon Road, Suite 8		Street Address 1764 Mendon Road, Suite 8	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
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 NADEAU & SIMMONS, P.C.		Address 56 PINE STREET	
Address		City PROVIDENCE	Zip 02903

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



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*101783 DLLC 11/19/04 02:15:11 PM*	
File Date	12/20/04
Check No.	17170
By	U.
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

Gino G. Tonetti, Manager

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  
401.222.3040

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. 101783		2. Exact name of the limited liability company Tonetti Enterprises, LLC	
3. State of Formation RHODE ISLAND		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 DISPOSING OF REAL PROPERTY	
5. Principal office address 958 NORTH MAIN STREET		City PROVIDENCE	State RI
		Zip 02903-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name GINO G TONETTI		Contact Title Operating Manager	
Street Address 958 NORTH MAIN STREET		City PROVIDENCE	State RI
		Zip 02903-	
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 Gino G. Tonetti		Manager Name Dione C. Tonetti	
Street Address 958 North Main Street		Street Address 958 North Main Street	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
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 NADEAU & SIMMONS, P.C.		Address 56 PINE STREET	
Address		City PROVIDENCE	Zip 02903

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



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\*101783 DLLC 09/17/03 11:07:38 AM\*  
File Date 10-10-03  
Check No. 15900  
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

Date

Gino G. Tonetti, Manager

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. *101783*		2. Exact name of the limited liability company Tonetti Enterprises, LLC	
3. State of Formation RHODE ISLAND		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 DISPOSING OF REAL PROPERTY	
5. Principal office address 958 NORTH MAIN STREET		City PROVIDENCE	State RI Zip 02903-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name GINO G TONETTI		Contact Title Operating Manager	
Street Address 958 NORTH MAIN STREET		City PROVIDENCE	State RI Zip 02903-
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 Gino G Tonetti		Manager Name Dione C Tonetti	
Street Address 958 North Main Street		Street Address 958 North Main Street	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
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 NADEAU & SIMMONS, P.C.		Address 56 PINE STREET	
Address		City PROVIDENCE	Zip 02903

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



\* 1 0 1 7 8 3 \*

*101783 DLLC9/24/022:22:13 PM*
File Date 10-16-02
Check No. 14717
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

Date

Gino G. Tonetti Manager

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 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 limited liability company is:

958 North Main Street, Providence, RI 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 agent is: NADEAU & SIMMONS, P.C.

56 Pine Street, 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: Gino G. Tonetti

958 North Main Street, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Purposes of acquiring, developing, owning, leasing, mortgaging, operating

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

Gino G. Tonetti

958 North Main Street, Providence, RI 02903

Dione C. Tonetti

958 North Main St, Providence, RI 02903

Dated \_\_\_\_\_



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FOR SECRETARY OF STATE USE ONLY

File Date: 10-15-01

Check No.: 13264

By: [Signature]

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.

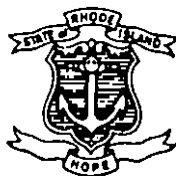
Tonetti Enterprises, LLC  
Exact Name of Limited Liability Company

By: [Signature]  
Gino G. 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 company is:  
Tonetti Enterprises, LLC
2. The address of the principal office of the limited liability company is:  
958 North Main Street, Providence, RI 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 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 communications may be directed are: Gino G. Tonetti  
958 Main St., Providence, RI 02903
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Purposes of acquiring, developing, owning, leasing, mortgaging, operating and disposing of real property or interests therein wherever located.
7. If the limited liability company has managers, the name and address of each manager of the limited liability company
- | <i>Name</i>             | <i>Address</i>                               |
|-------------------------|--|
| <u>Gino G. Tonetti</u>  | <u>958 Main Street, Providence, RI 02903</u> |
| <u>Dione C. Tonetti</u> | <u>958 Main Street, Providence, RI 02903</u> |

**Dated** \_\_\_\_\_



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

**Exact Name of Limited Liability Company**

By

Gino G. Tonetti, President  
\_\_\_\_\_  
Title

Time

Form No. 632  
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date: 10/11

Check No.: 11456

Ry: 2

**To be filed annually between  
September 1 and November 1**



**LIMITED LIABILITY COMPANY**

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 communications 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 state: Acquiring, developing, owning, leasing, mortgaging, operating and disposing 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
- | <i>Name</i>            | <i>Address</i>                                    |
|------------------------|---|
| <u>Gino G. Tonetti</u> | <u>95 North Main Street, Providence, RI 02904</u> |
| <u></u>                | <u></u>   |
| <u></u>                | <u></u>   |

Dated \_\_\_\_\_



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

Exact Name of Limited Liability Company

By

Title

Form No. 632  
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date: 10-6-99

Check No.: 9908

Bv:

AME