



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. <b>0108081</b>		2. Exact name of the limited liability company <b>CRIS AN, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>ownership and development of real estate and any other lawful purpose</b>			
5. Principal office address <b>25 Thomas Drive</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921-0000</b>
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>Andrew Gazerro, Jr.</b>			Contact Title <b>Member</b>		
Street Address <b>25 Thomas Drive</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921-0000</b>
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
<b>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52</b>					
Manager Name <b>N/A</b>			*Manager Name .		
Street Address			*Street Address		
City	State	Zip	City	State	Zip
Manager Name			*Manager Name		
Street Address			*Street Address		
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642- R.I.G.L. 7-16-11</b>					
Agent Name <b>Andrew Gazerro, Jr.</b>			Address <b>25 Thomas Drive</b>		
Address			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>

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

<b>FILED</b>	
File Date	<b>SEP 01 2005</b>
Check No.	<b>By [Signature]</b>
By:	<b>[Signature]</b>
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.

**Andrew Gazerro, Jr.** September 6, 2005  
Signature of Authorized Person Date  
**Andrew Gazerro, Jr.**  
By:  
Print or Type Name of Authorized Person  
**Member**



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. 0108081		2. Exact name of the limited liability company CRIS AN, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island ownership and development of real estate and any other lawful purpose			
5. Principal office address 25 Thomas Drive		City Cranston	State RI	Zip 02921-0000	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Andrew Gazerro, Jr.		Contact Title Member			
Street Address 25 Thomas Drive		City Cranston	State RI	Zip 02921-0000	
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 N/A		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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 Andrew Gazerro, Jr.		Address 25 Thomas Drive			
Address		City Cranston	State RI	Zip 02921	

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

File Date	9/14/04
Check No.	196
By:	OA
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.

*Andrew Gazerro, Jr.* September 7, 2004  
Signature of Authorized Person Date

Andrew Gazerro, Jr.  
Print or Type Name of Authorized Person  
By:  
Member



# 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. <b>0108081</b>		2. Exact name of the limited liability company <b>CRIS AN, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>ownership and development of real estate and any other lawful purpose</b>			
5. Principal office address <b>25 Thomas Drive</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921-0000</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Andrew Gazerro, Jr.</b>		Contact Title <b>Member</b>			
Street Address <b>25 Thomas Drive</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921-0000</b>	
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 <b>N/A</b>		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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 <b>Andrew Gazerro, Jr.</b>		Address <b>25 Thomas Drive</b>			
Address		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	

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

File Date <u>9-3-03</u>
Check No. <u>167</u>
By: <u>[Signature]</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.

Andrew Gazerro, Jr. September 2, 2003  
Signature of Authorized Person Date  
**Andrew Gazerro, Jr.** Member  
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. 0108081		2. Exact name of the limited liability company CRIS AN, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island ownership and development of real estate and any other lawful purpose	
5. Principal office address 25 Thomas Drive		City Cranston	State RI
		Zip 02921-0000	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Andrew Gazerro, Jr.		Contact Title Member	
Street Address 25 Thomas Drive		City Cranston	State RI
		Zip 02921-0000	
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 N/A		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City
			State
			Zip
• 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 Andrew Gazerro, Jr.		Address 25 Thomas Drive	
Address		City Cranston	State RI
		Zip 02921	

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

File Date	9-4-02
Check No.	3317
By:	<i>AG</i>
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.

*Andrew Gazerro Jr.* September 3, 2002  
Signature of Authorized Person Date

Andrew Gazerro, Jr. Member  
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

**LIMITED LIABILITY COMPANY**

ID Number 0108081

Annual Report for the year 2001

1. The name of the limited liability company is:

CRIS AN, LLC

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

25 Thomas Drive Cranston RI 02921-0000

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: Andrew Gazerro, Jr.

25 Thomas Drive Cranston RI 02921

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: Andrew Gazerro, Jr.

25 Thomas Drive Cranston RI 02921-0000

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: ownership and development of real estate and any other lawful purpose

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

*Name*

*Address*

N/A

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.

Date: September 1, 2001

CRIS AN, LLC

*Exact Name of Limited Liability Company*

By Andrew Gazerro, Jr.

Andrew Gazerro, Jr. Member

*Title*

9-4-01  
CIC # 124

*AG*



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number 0108081

Annual Report for the year 2000

1. The name of the limited liability company is:

CRIS AN, LLC

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

25 Thomas Drive, Cranston, RI 02921

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: Andrew Gazerro, Jr., 25 Thomas Drive  
Cranston, RI 02921

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: Andrew Gazerro, Jr., 25 Thomas Drive,  
Cranston, RI 02921

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

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

Name	Address
n/a	

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.

Date: September 1, 2000

CRIS AN, LLC

Exact Name of Limited Liability Company

9/13  
11/7  
B

By Andrew Gazerro, Jr.

Andrew Gazerro, Jr., Member

Title