



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. Rice Street
Providence, RI 02904-2615
401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1 ID No 112284		2 Exact name of the limited liability company V. V. P. REALTY COMPANY, LLC			
3 State of Formation Rhode Island		4 Brief description of the character of the business which is actually conducted in Rhode Island SELLING, MANAGING REAL PROPERTY TO ENGAGE IN THE BUSINESS OF PURCHASING PROPERTY			
5 Principal office address 7 Commerce St.		City Greenville	State R.I.	Zip 02828	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Joyce C. Scopelitti			Contact Title member		
Street Address 66 Winsor Ave		City Johnston	State R.I.	Zip 02919	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MANAGERS 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		Manager Name			
Street Address		Street Address			
City		City	State	Zip	
Manager Name		Manager Name			
Street Address		Street Address			
City		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 Joyce C. Scopelitti			Address		
Address 7 Commerce St.		City Greenville	State R.I.	Zip 02828	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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

File Date	FILED
Check No.	JUN 27 2007
By	By 029897
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person: Joyce C. Scopelitti 6/15/07
Date
Print or Type Name of Authorized Person: Joyce C. Scopelitti



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
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148 W. River Street
Providence, RI 02904 2615
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1 ID No. 112284		2 Exact name of the limited liability company V. J. P. REALTY COMPANY, LLC			
3 State of Formation Rhode Island		4 Brief description of the character of the business which is actually conducted in Rhode Island SELLING, MANAGING REAL PROPERTY To Engage in The business of Purchasing, REAL PROPERTY			
5 Principal office address 7 Commerce ST.		City Greenville	State R.I	Zip 02828	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Joyce C. Scapelliti			Contact Title member		
Street Address 66 Winton Ave		City Johnston	State R.I	Zip 02919	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS 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			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 Joyce C. Scapelliti			Address		
Address 7 Commerce ST.		City Greenville	State R.I	Zip 02828	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

File Date **FILED**
 Check No. JUN 27 2007
 By Joyce C. Scapelliti
 FOR SECRETARY OF STATE, USE ONLY

Joyce C. Scapelliti 6/15/07
 Signature of Authorized Person Date
Joyce C. Scapelliti
 Print or Type Name of Authorized Person



2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 112284		2. Exact name of the limited liability company V.J.P. REALTY COMPANY, llc			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PURCHASING, SELLING, MANAGING AND DEVELOPING REAL PROPERTY			
5. Principal office address 7 Commerce ST.		City Greenville	State R.I	Zip 02828	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Joyce Scope Liti			Contact Title member		
Street Address 66 Winsor Ave		City Johnston	State R.I	Zip 02919	
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 Vincent J. Scopelitti, Jr.			Manager Name		
Street Address 468 Chestnut Hill Rd.		Street Address			
City Chepachet	State P.I	Zip 02814	City	State	Zip
Manager Name PAUL Scopelitti			Manager Name		
Street Address 66 Winsor Ave		Street Address			
City Johnston	State P.I	Zip 02919	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 JOYCE C. SCOPELITI			Address		
Address 7 COMMERCE STREET		City GREENVILLE	Zip 02828-		

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



* 1 1 2 2 8 4 *

File Date 2/27/04
Check No. 222
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] 2/20/04
Signature of Authorized Person Date
Member
Print or Type Name of Authorized Person



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. 112284		2. Exact name of the limited liability company V.J.P. REALTY COMPANY, llc	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PURCHASING, SELLING, MANAGING AND DEVELOPING REAL PROPERTY	
5. Principal office address 7 Commerce St.		City Greenville	State R.I
		Zip 02828	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joyce Scopelitti		Contact Title member	
Street Address 80 Wilbur Ave		City Westerly	State R.I
		Zip 028919	
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		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip	Zip	Zip	Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip	Zip	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 JOYCE C. SCOPELITI		Address	
Address 7 COMMERCE STREET		City GREENVILLE	Zip 02828

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



* 1 1 2 2 8 4 *

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.

File Date 12-19-02

Check No. 166

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

DEC 19 11 43 AM '02
RECEIVED
CORPORATIONS DIVISION
STATE OF RHODE ISLAND

Joyce C. Scopelitti 10/30/02
Signature of Authorized Person Date

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
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 112284

Annual Report for the year 2001

1. The name of the limited liability company is:

V.J.P. REALTY COMPANY, llc

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

7 Commerce, Smithfield, RI

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: PITTS & BURNS, ATTORNEYS AT LAW

635 KILLINGLY STREET JOHNSTON RI 02919-

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: Joyce Scopelliti, 7 Commerce, Smithfield, RI 02917

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: to engage in the business of purchasing, selling, managing and developing real property.

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

Name

Address

Dated 10/25/01



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.

V.J.P. REALTY COMPANY, llc

Exact Name of Limited Liability Company

By Joyce Scopelliti
Member
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>11/2/2001</u>
Check No.:	<u>134</u>
By:	<u>[Signature]</u>