



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. 103983		2. Exact name of the limited liability company Atlantic Inland, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 835 Taunton Avenue		City East Providence	State RI	Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name J. Robert Pesce			Contact Title Manager		
Street Address 835 Taunton Avenue		City East Providence	State RI	Zip 02914	
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 J. Robert Pesce			Manager Name		
Street Address 835 Taunton Avenue			Street Address		
City East Providence	State RI	Zip 02914	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 RICHARD C. TALLO, ESQ.			Address		
Address 750 EAST AVENUE			City PAWTUCKET	Zip 02860-	

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



File Date	9/23/05	*103983*
Check No.	1659	
By:	AD	
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.

X J. Robert Pesce **9-9-05**
Signature of Authorized Person Date
J. Robert Pesce
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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 103983		2. Exact name of the limited liability company Atlantic Inland, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate	
5. Principal office address 835 Taunton Avenue		City East Providence	State RI
		Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name J. Robert Pesce		Contact Title Manager	
Street Address 835 Taunton Avenue		City East Providence	State RI
		Zip 02914	
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 J. Robert Pesce		• Manager Name	
Street Address 835 Taunton Avenue		• Street Address	
City East Providence	State RI	Zip 02914	• 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 Richard C. Tallo, Esquire		Address	
Address fg 750 East Avenue		City Pawtucket, RI	Zip 02860

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

File Date	FILED
Check No.	DEC 07 2004
By:	By <u>M52056</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.

J. Robert Pesce
Signature of Authorized Person Date

J. Robert Pesce
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. 103983		2. Exact name of the limited liability company Atlantic Inland, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 835 TAUNTON AVENUE		City EAST PROVIDENCE	State RI
		Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name J ROBERT PESCE		Contact Title MGR	
Street Address 835 TAUNTON AVENUE		City EAST PROVIDENCE	State RI
		Zip 02914-	
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 J. Robert Pesce		Manager Name	
Street Address 835 Taunton Avenue		Street Address	
City East Providence	State RI	Zip 02914	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 J. ROBERT PESCE		Address 835 TAUNTON AVENUE	
Address		City EAST PROVIDENCE	Zip 02914

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



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103983 DLLC 09/15/03 01:45:43 PM

File Date 10/22/03

Check No. 1194 | C 9516

By: Kme

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.

J. Robert Pesce 10-16-03
Signature of Authorized Person Date
J. Robert Pesce
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. *103983*		2. Exact name of the limited liability company Atlantic Inland, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate			
5. Principal office address 835 TAUNTON AVENUE		City EAST PROVIDENCE	State RI	Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name J ROBERT PESCE		Contact Title MGR			
Street Address 835 TAUNTON AVENUE		City EAST PROVIDENCE	State RI	Zip 02914-	
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 J. Robert Pesce		Manager Name			
Street Address 835 Taunton Avenue		Street Address			
City East Providence	State RI	Zip 02914	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 J. ROBERT PESCE		Address 835 TAUNTON AVENUE			
Address		City EAST PROVIDENCE	Zip 02914		

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



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103983 DLLLC9/20/023-31-38 PM

FILED

File Date OCT 09 2002

Check No. 10554

By: J. Robert Pesce

FOR SECRETARY OF STATE USE ONLY u

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.

J. Robert Pesce 9-24-02
Signature of Authorized Person Date
J. Robert Pesce
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 103983

Annual Report for the year 2001

1. The name of the limited liability company is:

Atlantic Inland, LLC

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

835 Taunton Avenue, East Providence, RI 02914

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: J. ROBERT PESCE

835 TAUNTON AVENUE EAST PROVIDENCE RI 02914

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: 835 Taunton Avenue, East Providence, RI 02914

J. Robert Pesce

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, the name and address of each manager of the limited liability company

Name

Address

J. Robert Pesce

835 Taunton Avenue, East Providence, RI 02914

Dated 9/18/01

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.



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Atlantic Inland, LLC

Exact Name of Limited Liability Company

By

J. Robert Pesce
J. Robert Pesce
Operating Manager

Title

FOR SECRETARY OF STATE USE ONLY
File Date: <u>9-18-01</u>
Check No.: <u>10257</u>
By: <u>BMF</u>

Form No. 632
Revised 01/99

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 registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

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 DLLC 103983

Annual Report for the year 2000

1. The name of the limited liability company is:

Atlantic Inland, LLC

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

835 Taunton Avenue, East Providence, RI 02914

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: J. Robert Pesce

835 Taunton Avenue, East Providence, RI 02914

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: 835 Taunton Avenue, East Providence, RI 02914

J. Robert Pesce

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

J. Robert Pesce

835 Taunton Avenue

East Providence, RI 02914

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: 9-9-00

Atlantic Inland, LLC

Exact Name of Limited Liability Company

By J. Robert Pesce
J. Robert Pesce
Operating Manager

Title

0210200
JMD 1.0007