



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. 127384		2. Exact name of the limited liability company 700 Wood Street, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO PURCHASE, MAINTAIN, RENT AND SELL RESIDENTIAL AND COMMERCIAL REAL ESTATE.	
5. Principal office address 700 WOOD STREET		City BRISTOL	State RI
			Zip 02809-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name SERAPHIN DAPONTE		Contact Title	
Street Address 23 BAKER STREET		City BRISTOL	State RI
			Zip 02809-
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	
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 PAUL SILVA		Address 674 HOPE STREET	
Address		City BRISTOL	Zip 02809-

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



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*127384 DLLC/08/30/05 11:53:04 AM*	
File Date	9/21/05
Check No.	3779
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.

Signature of Authorized Person Date 9/15/05  
Seraphin J. Daponte  
Print or Type Name of Authorized Person



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

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5. Principal office address 700 WOOD STREET		City BRISTOL	State RI
		Zip 02809-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name SERAPHIN DAPONTE Contact Title			
Street Address 23 BAKER STREET		City BRISTOL	State RI
		Zip 02809-	
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	
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 PAUL SILVA		Address 674 HOPE STREET	
Address		City BRISTOL	Zip 02809-

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



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\*127384 DLLC 09/07/04 10:29:50 AM\*

File Date 10/25/04

Check No. 3483

By: SD

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 SD Date Oct 25 2004

Print or Type Name of Authorized Person Seraphin J. Daponte



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. 127384		2. Exact name of the limited liability company 700 Wood Street, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO PURCHASE, MAINTAIN, RENT AND SELL RESIDENTIAL AND COMMERCIAL REAL ESTATE	
5. Principal office address 700 WOOD STREET		City BRISTOL	State RI
		Zip 02809-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Seraphin DaPonte			
Contact Title			
Street Address 23 Baker Street		City Bristol	State RI
		Zip 02809	
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	Zip	City
State	Zip	City	State
Manager Name	Manager Name		
Street Address	Street Address		
City	State	Zip	City
State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name PAUL SIVLA		Address 674 HOPE STREET	
Address		City BRISTOL	Zip 02809-

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



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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.

Michael D. Brown 1-8-04  
Signature of Authorized Person Date

Michael D. Brown  
Print or Type Name of Authorized Person

\*127384 DLLC 10/07/03 10:40:35 AM\*

File Date **RECEIVED**

Check No. **JAN 12 2004** 110 3170

By: **BY**

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