

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 I. ID No. 2. Exact name of the limited liabilty company 99485 HARVAN MANAGEMENT, L.L.C. 3 State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING, LEASING AND SELLING REAL ESTATE OR TO ENGAGE IN ANY OTHER RHODE ISLAND BUSINESS THAT THE MEMBERS DEEM DESIRABLE 5. Principal office address State City Zip 40 IVY GARDEN WAY EAST GREENWICH RΙ 02818-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title STEPHEN J DIGIANFILIPPO Street Address City State 50 PARK ROW WEST SUITE 100 PROVIDENCE RI 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) /. 7-18-52 Manager Name Manager Name John Vanikiotis Street Address Street Address 40 Ivy Garden Way CIN State Zip City State Zip East Greenwich RΙ 02818 Manager Name Manager Name Street Address Street Address State State 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filing of Form 642 - R.I.G. 7-16-11 STEPHEN J. DIGIANFILIPPO, ESQ. 50 PARK ROW WEST, SUITE 111 Address City VIEIRA & DIGIANFILIPPO LTD. PROVIDENCE 02903

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



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File Date / 6/27/65
Check No. 295
$B_{Y}$ $\bigcirc \nearrow n \nearrow \bigcirc$
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

John Vanikiotis, Manager Print or Type Name of Authorized Person



FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401 222 3940

### 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. 2 Exact name of the limited liability company 99485 HARVAN MANAGEMENT, L.L.C. 3 State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING, LEASING AND SELLING REAL ESTATE OR TO ENGAGE IN ANY OTHER RHODE ISLAND BUSINESS THAT THE MEMBERS DEEM DESIRABLE 5 Principal office address State Zip 40 Ivy Garden Way EAST GREENWICH RI 02818-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title STEPHEN J. DIGIANFILIPPO .Attorney Street Address State Zip 50 PARK ROW WEST SUITE 111 . PROVIDENCE RI02903-7. 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 ·Manager Name John Vanikiotis Street Address • Street Address 40 Ivy Garden Cur State  $Z_{ip}$ \*City State Zip East Greenwich RΙ 02818 Manager Name Manager Name Street Address Street Address State City State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 STEPHEN J. DIGIANFILIPPO, ESQ. 50 PARK ROW WEST, SUITE 111 Address City VIEIRA & DIGIANFILIPPO LTD. PROVIDENCE 02903 This report must be signed in ink by an authorized person pursuant to 7-16-66. 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 Lauskie nature of Authorized Person Check No. აების Vanikiotis, Manager Print or Type Name of Authorized Person



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

r uing Perioa: Sep.	temoer 1 -	November 1	• Filing Fee: \$50.0	0			
(FORM MUST BE TY			<del>-</del>				
<i>1. ID No.</i> 99485		ct name of the limited liabilty compony VAN MANAGEMENT, L.L.C.					
3. State of Formation			<u>`</u>		- 01-4-1-1-1		
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RHODE ISLAND	)		HAT THE MEMBERS D		STATE OR TO E	NGAGE IN ANI UIHER	
5. Principal office add				City	State	Zip	
35 LYNN CIRC	LE			EAST GREENWICH	RI	02818-	
6. MAILING ADI	DRESS O	LIMITED L	IABILITY COMPANY	AND NAME OR TITLE (	OF CONTACT P	RSON: S	
Contact Name				Contact Title			
STEPHEN J DI	GIANFIL	I PPO		•			
Street Address				City	State	Zip	
50 PARK ROW W	WEST SU	ITE 111		. PROVIDENCE	RI	02903-	
	ANY MO	DIFICATIONS	ACES BEFORE USING A TO MANAGERS REQUIRE	TĂCHMENTS (LY MOX FO S FILING OF AMENDMENT. R.	) <i>R ATTACHMENT</i> ) I.G.L 7-16-12 (a) (2	) / 7-16-52 <b>1</b>	
Manager Name				· Manager Name			
John Vanikiot	tis, Tr	ustee		•			
Street Address				* Street Address			
Sircei Address				*Street Address			
	1a 40	IVY GA	PDEN WAY	*Street Address			
<del>35 Lynn Circ</del> City	, [	State	PPEV WAY	• Street Address • City	State	Ζιρ	
<del>35 bynn Circ</del>	, [		20EV WAY   Zip   02818	•	State	Zıp	
<del>35 Tynn Circ</del> City	, [	State	Zip	•	State	Zıp	
<del>35 bynn Circ</del> <i>City</i> East Greenwic	, [	State	Zip	City	State	Ζιρ	
25 bynn Circ City East Greenwic Manager Name Street Address	ch	State RI	Zip	*City *Manager Name	State	Zıp	
35 bynn Circ City East Greenwic Manager Name	ch	State	Zip	*City *Manager Name	State	Zip	
25 bynn Circ City East Greenwic Manager Name Street Address	ch	State * RI  State	Zip 02818 Zip	City Manager Name Street Address City	State	Zip	
25 bynn Circ City East Greenwic Manager Name Street Address City  8. RESIDENT AGE	ch	State * RI  State	Zip 02818 Zip	*City  *Manager Name  *Street Address  *City  ges require filling of Fo	State	Zip	
25 bynn Circ City East Greenwic Manager Name Street Address City  8. RESIDENT AGE Agent Name	ch ENT IN RH	State State  ODE ISLAND	Zip 02818 Zip	City  Manager Name  Street Address  City  ges require filling of Fo	State rm 642 - R.I.G.L.	7-16-11 (2. p. 2. )	
25 bynn Circ City East Greenwic Manager Name Street Address City  8. RESIDENT AGE	ch ENT IN RH	State State  ODE ISLAND	Zip 02818 Zip	*City  *Manager Name  *Street Address  *City  ges require filling of Fo	State rm 642 - R.I.G.L.	7-16-11 (2. p. 2. )	
25 bynn Circ City East Greenwic Manager Name Street Address City  8. RESIDENT AGE Agent Name STEPHEN J. DIG	ENT IN RH	State State ODE ISLAND	Zip 02818 Zip	City  Manager Name  Street Address  City  Ges require filing of Fo  Address  50 PARK ROW WES	State rm 642 - R.I.G.L.	7-16-11	

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

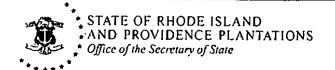


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- B <sub>Y</sub> ; _	By A
FOR SECRE	TARY OF STATE USE ONLY

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.

nature of Authorized Person

Print or Type Name of Authorized Person



Edward S. Inman, 111, 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: Septen	nher 1 - November 1	Filing Fee: \$50	0.00				
(FORM MUST BE TYPE							
	. ID No. 2. Exact name of the limited liabilty company						
99485	HARVAN MANAGEM	•					
3. State of Formation			business which is actually conducted		<del></del>		
RHODE ISLAND	ACQUIRING THAT THE N	, DEVELOPING,LEASI! MEMBERS DEEM DESII	NG AND SELLING REAL ESTAT RABLE	E OR TO ENGAGE IN ANY	OTHER BUSINESS		
5. Principal office addres.	s		City	State	Zip		
35 Lynn Circl	.e		East Greenwich	Rhode Islan	d <u>0</u> 2818		
6. MAILING ADDR	ESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT PERSO	N:		
Contact Name			Contact Title				
	Gianfilippo,	Esq.	Registered A	gent			
Street Address			City	State	Zip		
50 Park Row W	est, Suite 100	0	· Providence	Rhode Islan	d 02903		
7. NAME AND ADDR	ESS OF EACH MA	NAGER OF THE LI	MITED LIABILITY COMPA	ANY, IF APPLICABLE			
	FILL IN SP.	ACES BEFORE USING	ATTACHMENTS ("X" BOX	( FOR ATTACHMENT			
	ANY MODIFICATIONS	TO MANAGERS REQU	IRES FILING OF AMENDMENT.	R.I.G.L 7-16-12 (a) (2) / 7-1	6-52		
Manager Name			· Manager Name				
John Vanikiot	is, Trustee		•				
Street Address	<u> </u>		*Street Address	· Street Address			
35 Lynn Circl	e		•				
City	State	Zip	*City	State	Zip		
. East Greenwic Manager Name	h. Rhode Isl	land . 02818			]		
Manager Name			Manager Name				
Street Address	<u></u>	<u> </u>	Street Address				
			•				
City	State	Zip	City	State	Zip		
			•				
8. RESIDENT AGENT	IN RHODE ISLANI	D -DO NOT ALTER- Ch	anges require filing of F	orm 642 - R.I.G.L. 7-16-1	<del>,</del>		
Agent Name		<del></del>	Address				
STEPHEN J. DIGIANFILIPPO, ESQ.			VIEIRA & DIGIANFILIPPO	VIEIRA & DIGIANFILIPPO, P.C.			
Address			City				
riuureaa	50 PARK ROW WEST, SUITE 100			PROVIDENCE 02903			
	SUITE 100				<b>V</b> 3		

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



File Date	11-6-02	
Check No	15-6	
В <u>у:</u>	a	
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.

Juny Vand Robby	11-7-62	
Signature of Authorized Person	Date	

TOHN VANIKIOTIS

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 99485	Annual Report for the year 2001
1.	The name of the limited liability company is:	
	HARVAN MANAGEMENT, L.L.C.	
2.	The address of the principal office of the limited liability com	pany is:
	35 Lynn Circle, East Greenwich, Rhode Island	d 02818
3.	The state or other jurisdiction under the laws of which it is fo	rmed is RHODE ISLAND
4.	The name and address of its resident agent is: STEPHEN J	DIGIANFILIPPO, ESQ.
	VIEIRA & DIGIANFILIPPO, P.C. 50 PARK ROW WEST, SU	ITE 100 PROVIDENCE RI 02903
5.	The current mailing address of the limited liability company a	and the name or title of a person to whom communication
	may be directed are: <u>Stephen J. DiGianfilippo, Es</u>	
	50 Park Row West, Suite 100	Providence, Rhode Island 02903
5.	A brief statement of the character of the business in whic acquiring, developing, leasing and sells state: other business that the members deem des	h the limited liability company is actually engaged in thi
7.	If the limited liability company has managers, the name and Name	address of each manager of the limited liability company  Address

John Vanikiotis, Trustee 35 Lynn Circle, East Greenwich, Rhode Island 02818

HARVAN MANAGEMENT, L.L.C.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Company

that all statements contained herein are true and correct.

Dated 19- 37 , 2001

By:



FOR SECRETARY OF STATE USE ONLY File Date: //- 2 - 0 '  Check No.: ///  Title			Exact Name of Limited Liability
	File Da	tc: //-2-01	By John Vanikiotis, Trustee Manager
	Circux	///	

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 99485		Annual Report for the	year	<u>2000</u>

	<b>T</b> I		
1.		y is:	
	HARVAN MANAGEMENT, L.L.C.	· · · · · · · · · · · · · · · · · · ·	
2.	The address of the principal office of the	limited liability company is:	
	1149 Division Street, East	Greenwich, Rhode Island 02818	
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 ag	gentis: STEPHEN J. DIGIANFILIPPO	
	VIEIRA & DIGIANFILIPPO, P.C. 50 PAI	RK ROW WEST, SUITE 100 PROVIDENCE RI 02903	
5.	The current mailing address of the limite	ed liability company and the name or title of a person to whom communications	
	may be directed are: Stephen J. I	DiGianfilippo, Esq., Vieira & DiGianfilippo	
	50 Park Row	West, Suite 100, Providence, Rhode Island 02903	
7.	The second of the second secon		
	John Vanikiotis, Trustee	Addross	
	Haralambos DaFoulas	465 Stoneridge Drive, East Greenwich, Rhode Island 02818	
File	for secretary of state use only Date: 1/3	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.  HARVAN MANAGEMENT, L.L.C.  Exact Name of Limited Liability Company  John Vanikiotis, Trustee  Manager	
		Title Form No. 632	
By:	de	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 <u>LL 99485</u>	Annual Report for the year 1999
1.	The name of the limited liability company is	3:
	HARVAN MANAGEMENT, L.L.C.	
2.	The address of the principal office of the lir 1149 Division Street, East Green	- · · · · ·
3.	The state or other jurisdiction under the law	vs of which it is formed is RHODE ISLAND
4.	The name and address of its resident agen	<del>-</del>
	REALE & KALANDER, LTD. 146 WESTMI	NSTER STREET PROVIDENCE, RI 02903
5.		iability company and the name or title of a person to whom communications ianfilippo, 146 Westminster Street
	Providence, RI 02903	
<ul><li>6.</li><li>7.</li></ul>	state: acquiring, developing, leasing other business that the mem	business in which the limited liability company is actually engaged in this ag and selling real estate or to engage in any observed deem desirable.  The name and address of each manager of the limited liability company Address
	John Vanikiotis, Trustee	c/o 1149 Division Street, East Greenwich, RI 02818
	Haralambos DaFoulas	465 Stoneridge Drive, East Greenwich, RI
Dat	ed	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.  HARVAN MANAGEMENT, L.L.C.  Exact Name of Limited Liability Company
ile I	FOR SECRETARY OF STATE USE ONLY Date: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	By John Vaub Kild Trille  Form No. 632  Revised 01/99