

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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

99585	RUZZO PROPE	name of the limited liability company) PROPERTIES, LLC					
3. State of Formation 4. Brief description of the character of the busines PROPERTY DEVELOPMENT			ousiness which is actually conducted in Rho	85 which is actually conducted in Rhode Island			
5. Principal office	e address		Ctty	State	Zip		
599 Arnold Road			Coventry	RI	02816		
6. MAILING A Contact Name	ADDRESS OF LIMITED	LIABILITY COMPANY AN	D NAME OR TITLE OF CONTACT Gontact Title	PERSON:			
xxiii (Ci) (Ci)	John L. Ruzzo		Member				
Street Address	COM E. ROZZO		City	State	Zip		
	599 Arnold Road	j	Coventry	RI	02816		
lanager Name	N/Δ		Manager Name				
lanager Name			Manager Name				
	N/A						
	N/A		Manager Name Street Address		<u></u>		
irrect Address	N/A State	Ζ.φ		State	Zip		
Street Address City		Ζφ	Street Address	State	Zip		
Street Address Thy Manager Name		Ζφ	Street Address City	State	Zip		
Street Address City Manager Name Street Address		Z(p	Street Address City Manager Name	State State	Z(p Zip		
Manager Name Street Address City Manager Name Street Address City 3. RESIDENT Agent Name BENNETT R. C	State State AGENT IN RHODE ISL	Zip	Street Address City Manager Name Street Address	State			

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

File Date _	9/28/05-99585
Check No	23,7
Ву:	OR 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

9/24/05-

John L. Ruzzo



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 461-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _____ 2004

T-IID No	YPED OR PRINTED IN BIACK) 2 Inact name of the innu	xact name of the innied Lability Company				
99585	RUZZO PROPERTIES	O PROPERTIES, LLC				
3. State of Formatic	m 4 Brief descripti	on of the character of the bi	usiness which is actually conducted in Rh	ode Island		
RHODE ISLAN	ND PROPERTY	DEVELOPMENT				
5. Principal office of			Cuy	State	Zip	
	599 Arnold Road		Coventry	RI	02816	
	DDRESS OF LIMITED LIAB	ILITY COMPANY ANI	D NAME OR TITLE OF CONTAC	T PERSON:	•	
Contact Name	John Ruzzo		Contact Tule			
Street Address	OUTIN RUZZU		Member			
	599 Arnold Road		Coventry	RI	02816	
NAME AND	ADDRESS OF FACH MANA	CER OF THE LIMITE	: ED LIABILITY COMPANY, IF AP	!	1	
			G ATTACHMENTS ("X" BOX I	_		
			IRES FILING OF AMENDMENT,		/ 7-16-52	
Manager Name	n/2		Manager Name			
	n/a					
Street Address			Street Address	· 		
	 _					
Suy	State	Zip	C(t)	State	Zip	
 Manager Name	······			l		
minings of the same			Manager Name			
			Street Address			
Street Address						
Street Address				State	Zф	
	State	$Z\psi$	City			
City		'			1	
GIIV B. RESIDENT A		'	hanges require filing of Form	 642 - R.I.G.L. 7-16-11	1	
31. RESIDENT A	GENT IN RHODE ISLAND	'		 1 642 - R.I.G.L. 7-16-11	ļ	
OIV B. RESIDENT A Sigent Name BENNETT R. GA	GENT IN RHODE ISLAND	'	hanges require filing of Form Address			
Street Address City B. RESIDENT A Agent Name BENNETT R. GA Address 1070 MAIN STRE	GENT IN RHODE ISLAND	'	hanges require filing of Form	1 642 - R.I.G.L. 7-16-11		

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



File Date	11/15/04
Check No	2148
Ву:	<u></u>
Po	OR 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

11-1-04

John Ruzzo



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 02963-1335

401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ____

2003

1 //2 No 99585		RUZZO PROPERTIES, LLC				
3 State of Formatic	n 4 Brief descriptio	4. Brief description of the character of the business which is actually conducted in Rhode Island				
RHODE ISLAND PROPERTY DEVELOPMENT						
5 Principal office a 59 9	Arnold Road	<u> </u>	Coventry	State RI	2φ 02816	
Contact Name	DRESS OF LIMITED LIABI	ILITY COMPANY AN	D NAME OR TITLE OF CONTAC Contact Title Member	CT PERSON:	(
Street Address 599	Arnold Road		Coventry	State RI	^{Zip} 02816	
	FILL IN SP	ACES BEFORE USIN	ED LIABILITY COMPANY, IF AP G ATTACHMENTS - <i>("X" BOX I</i> IRES FILING OF AMENDMENT,	FOR ATTACHMENT) [] (2) / 7-16-52	
Manager Name			Manager Samo			
N/A						
N/A			Manager Stano Street Address			
N/A	State	Zip		State	Zip	
		Zip	Street Address	State	Ząp	
N/A Street Address Gi3 Manager Name		Ζίρ	Street Address City	State	Ząp	
N/A Street Address Ony Manager Name Street Address		Zip Zip	Street Address Giy Manager Name	State State	Zip Zip	
N/A Street Address City Martinger Name Street Address City	State State State State	Zip	Street Address City Manager Name Street Address	State	Zip	

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

	*	9 9	5	8	5	*
File Date	1/19	63				
Check No	19	7[_	
Ву:	<u>A</u>	<u> </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.

Sugarine of Authorized Person

10-6-0

John Ruzzo

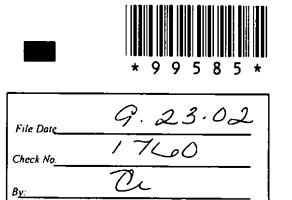


Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _2002

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. ID No 2. Exact name of the limited liability company						
99585	2. Chart name of the manual company					
3. State of Formation		4. Brief description of the character of the business which is actually conducted in Rhode Island				
RHODE ISLAND	PROPERT	Y DEVELOPMENT	•			
5. Principal office add			City	State	Zip	
599 Arn	old Road		Coventry	RI	02816	
6. MAILING AD	DRESS OF LIMITEE	LIABILITY COM	ANY AND NAME OR TITLE O	F CONTACT PERS	ON:	
Contact Name		** - ·*	Contact Title			
John Ruz	20		. Member			
Street Address	- 1 1 5 - 1		City _	State	Zip	
599 Arn	old Road		. Coventry	RI	02816	
	FILL IN S	PACES BEFORE USIN	UIRES FILING OF AMENDMENT. R.	OR ATTACHMENT		
Munager Name			· Manager Name			
••			• Manager Name			
N	/A	· · · · · · · · · · · · · · · · · · ·	:		· .	
N	/A		Street Address			
••	/ A State	Zip	:	State	Zip	
Street Address City		Zip	Street Address	State	Zip	
Street Address City Munager Name		Zip	* Street Address * City	State	Zip	
N Street Address		Zip Zip	*Street Address *City *Manager Name	State	Zip	
Street Address City Munager Name Street Address City	State	Zip	*Street Address *City *Manager Name *Street Address *City	State	Zip	
N Street Address City Munager Name Street Address City 8. RESIDENT AGE	State	Zip	*Street Address *City *Manager Name *Street Address City Changes require filing of Fo	State	Zip	
Street Address City Munager Nume Street Address City 8. RESIDENT AGE Agent Name	State State ENT IN RHODE ISLA!	Zip	*Street Address *City *Manager Name *Street Address *City	State	Zip	
Street Address City Munager Name Street Address City 8. RESIDENT AGE Agent Name BENNETT R. GALL	State State ENT IN RHODE ISLA!	Zip	Street Address City Manager Name Street Address City Changes require filing of For	State rm 642 - R.I.G.L. 7-16	Zip	
Street Address City Munager Nume Street Address City 8. RESIDENT AGE Agent Name	State State ENT IN RHODE ISLAT	Zip	*Street Address *City *Manager Name *Street Address City Changes require filing of Fo	State	Zip	

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



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

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

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LIMITED LIABILITY COMPANY

lD	Number DLLC 99585	Annual Report for the year 2001		
1.	The name of the limited liability compar	ny is:		
	RUZZO PROPERTIES, LLC			
2.	The address of the principal office of the	e limited liability company is:		
	599 Arnold 1	Road, Coventry, RI 02816		
3.				
The name and address of its resident agent is: BENNETT R. GALLO		agent is: BENNETT R. GALLO		
	1070 MAIN STREET COVENTRY RI	02816		
5.	The current mailing address of the limi	ted liability company and the name or title of a person to whom communications		
	may be directed are: Benne	tt R. Gallo, Resident Agent		
	1070 Main s	treet, Coventry, RI 02816		
6.	A brief statement of the character of	the business in which the limited liability company is actually engaged in this		
	state: propert	y development		
7.		agers, the name and address of each manager of the limited liability company Address		
Da	ated <u>September 6, 2001</u>	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and		
	9 9 5 8 5	that all statements contained herein are true and correct. Ruzzo Properties, LLC Exact Name of Limited Liability Company		
	FOR SECRETARY OF STATE USE ONLY c Date: 9-24-01	By John tuz zo		
Che By:	eck No.: 1598	Member Title Form No. 632 Revised 01/99		

Filing Fee: \$50.00

By:

To be filed annually between September 1 and November 1

Revised 01/99



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 99585	Annual Report for the year 2000
1.	The name of the limited liability comp	pany is:
	RUZZO PROPERTIES, LLC	
2.	The address of the principal office of	the limited liability company is:
	599 Arnold Road, Coventry,	RI 02816
3.	The state or other jurisdiction under t	the laws of which it is formed is RHODE ISLAND
4. The name and address of its resident agent is: BENNETT R. GALLO		tagentis: BENNETT R. GALLO
	1070 MAIN STREET COVENTRY R	02816
5.	The current mailing address of the lir	nited liability company and the name or title of a person to whom communications
	may be directed are: Bennett	R. Gallo, Resident Agent
	1070 Main Street, Coventry	v. RI 02816
6.	A brief statement of the character of	of the business in which the limited liability company is actually engaged in this
	state: property development	
7.	If the limited liability company has me Name	anagers, the name and address of each manager of the limited liability company **Address**
Da	ted <u>October 30, 2000</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.
		RUZZO PROPERTIES, LLC
	, , , , ,	Exact Name of Limited Liability Company
File	POR SECRETARY OF STATE USE ONLY Date:	By John Rus Zot
Che	ck No.: 1440	Member Title
	<u>a</u>	Form No. 632

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_LL 99585	Annual Report for the year 1999	
1.	The name of the limited liability company in RUZZO PROPERTIES, LLC	s:	
2.	The address of the principal office of the line 599 Arnold Road, Coventry, RI 0		
3.	The state or other jurisdiction under the lav	vs of which it is formed is: Rhode Island	
4. The name and address of its resident agent is: Bennett R. Gallo			
	1070 Main Street, Coventry, RI	02816	
5.	The current mailing address of the lim	nited liability company and the name or title of a person to whom	
	communications may be directed are: Be	ennett R. Gallo, Esq., Registered Agent, 1070 Main	
	Street, Coventry, RI 02816		
6.	A brief statement of the character of the	business in which the limited liability company is actually engaged in this	
	state: property development		
7.		agers, the name and address of each manager of the limited liability	
	company Name	Address	
	N/A .		
Da	ted <u>10-25</u> , 19 <u>99</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.	
	PAID	RUZZO PROPERTIES, LLC Exact Name of Limited Liability Company	
	0CT 2 6 1999	- O	
	SEC'Y OF STATE	By John Kuz 3	
5	- N. 110.40	Member Prisedent Title	