



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. 119586		2. Exact name of the limited liability company DIMARCO MARTIN, 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 HOLDING			
5. Principal office address 215 TOLLGATE ROAD STE 306		City WARWICK	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Kristen R. Dimarco DD			Contact Title President		
Street Address 215 Tollgate Road Ste 306		City Warwick	State RI	Zip 02886	
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
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 KRISTEN R. DIMARCO, D.O.			Address		
Address 215 TOLLGATE ROAD, SUITE 306		City WARWICK	Zip 02886		

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



File Date	9/27/05	*119586*
Check No.	1445	
By:		
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.

KOMLWU DU 9/27/05
Signature of Authorized Person Date
Kristen R Dimarco DD
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
401.227.3040

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)

Form with fields for ID No (119586), Exact name (DIMARCO MARTIN, LLC), State of Formation (Rhode Island), Brief description (Real Estate Holding), Principal office address (215 Tollgate Road, Suite 306, Warwick, RI 02886), Mailing address, and Manager information (N/A).

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

FILED stamp with File Date (DEC 07 2004), Check No, and By (M 52117) fields.

Signature of Authorized Person (Kristen R. Dimarco) and Date (12/10/04) fields.



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. <u>119586</u>		2. Exact name of the limited liability company DIMARCO MARTIN, 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 HOLDING.	
5. Principal office address 215 TOLGATE ROAD		City WARWICK	State RHODE ISLAND
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DR. KRISTEN DIMARCO, D.O.		Contact Title	
Street Address 215 TOLGATE ROAD		City WARWICK	State RHODE ISLAND
		Zip 02886	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY (IF APPLICABLE) FILL IN SPACES BEFORE USING ATTACHMENTS <input type="checkbox"/> OR BOX FOR ATTACHMENT <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT (R.I.G.L. 7-16-12)(2)(v) 7-16-52			
Manager Name N/A		Manager Name N/A	
Street Address		Street Address	
City	State	Zip	City
Manager Name N/A		Manager Name N/A	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642-R.I.C. 7-16-52			
Agent Name SCOTT A. RITCH, ESQ.		Address URSILLO, TEITZ & RITCH, LTD.	
Address 2 WILLIAMS STREET		City PROVIDENCE	Zip 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: 12/1/03
Check No. 1844
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

[Signature] 11/24/03
Signature of Authorized Person Date
Kristen R Dimarco DO
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. 119586		2. Exact name of the limited liability company DIMARCO MARTIN, 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 Holding			
5. Principal office address 215 Tollgate Road			City Warwick	State RI	Zip 02886
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Kristen Dimarco, D.O.			Contact Title		
Street Address 215 Tollgate Road			City Warwick	State RI	Zip 02886
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 N/A		*Manager Name N/A			
Street Address		*Street Address			
City	State	Zip	*City	*State	*Zip
Manager Name N/A		*Manager Name N/A			
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 SCOTT A. RITCH, ESQ.			Address		
Address 2 WILLIAMS STREET			City PROVIDENCE	Zip 02903-	

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



File Date 10/21/2002
Check No. 1508
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.

K Dimarco 10/12/02
Signature of Authorized Person Date
Kristen Dimarco DO
Print or Type Name of Authorized Person