

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

r lling Period: Septe (FORM MIST BE TVD)	ember I - November I ED OR PRINTED IN BLA	• Filing Fee: \$5	50.00		1K
I. ID No.	2. Exact name of the lim	CK)			
101786	Parking Consultan	ts, LLC			
3. State of Formation	4. Brief descript	ion of the character of the	e business which is actually conducted	in Rhode Island	
RHODE ISLAND	PROPERTY A	O OPERATE A PARK IND IMPROVEMENTS	ING GARAGE PACTITTY AND	TO ACQUIRE AND	INVEST IN REAL
5. Principal office addres 40 WESTMINSTE	R STREET		City PROVIDENCE	State RI	<i>Zip</i> 02903
CARMELO DISTER	ESS OF LIMITED I	LIABILITY COMPA	CO-MANAGER	OF CONTACT PER	ISON:
Street Address 40 WESTMINSTER	STREET		City PROVIDENCE	State RI	Zip
	,	ica perore using	LIMITED LIABILITY COMP	PANY, IF APPLICA	
, - — — —	ANY MODIFICATIONS	O MANAGERS REQU	IRES FILING OF AMENDMENT. R.	OR ATTACHMENT)	7.16.50
•		· · · · · · · · · · · · · · · · · · ·	•Manager Name		7-16-52
CARMELO DISTEF	ANO		ALBERT PARRILLO		
Sireet Address			· Street Address		
22 BINGHAMPTON			40 WESTMINSTER	STREET	
City JOHNSTON	State RI	Zip 02919	*City	State	Zip
danager Name NONE			PROVIDENCE Manager Name NONE	RI	02903
ireei Address		<u> </u>	*Street Address		
ity	State		• 		
,	Sibile	Zip	City	State	Zip
RESIDENT AGENT	IN RHODE ISLAND	-DO NOT ALTER- Ch	anges require filing of For		
			Address	m 642 - R.I.G.L. 7-1	6-11
ADLER POLLOCK	& SHEEHAN P.C.		ONE CITIZENS PL	AZA. 8TH FLOOR	,
ddress			City	Zip	
PETER L. KENNEI	OY		PROVIDENCE	,	2903
					
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SEC. SEC. SEC. SEC. SEC. SEC. SEC. SEC.	igned in ink by an a	utnortzea person p	ursuant to 7-16-66.		
101786 DLLC 09/0 ile Daie 9/30/ heck No. 340	7/05 03:07:29 PM*		Under penalty of perjuthis report, including a and that all statements Signature of Authorized F	ny accompanying sche contained herein are to Person	duies and statements
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Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Zip

02903

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7. <i>1D No.</i> 101 7 86	2. Exac Parki	name of the ng Consult	limited liabilty company			
3. State of Formation RHODE ISLAN	D	I TO OWN Y	iption of the character	the business which is actually conducte RRING GARAGE FACILITY AN 'S THEREON	ed in Rhode Island ND TO ACQUIRE AND	INVEST IN REAL
5. Principal office ad 40 WESTMINST	ER STR			City PROVIDENCE	State RI	Zip 02903
	DRESS ()F LIMITE	D LIABILITY COMP	I PANY AND NAME OR TITLE Contact Title CO-MANAGER	OF CONTACT PER	SON:
Street Address 40 WESTMINST				City PROVIDENCE	State R I	Zip
7. NAME AND A			いいぐにゅのだしのなど りろけん	LIMITED LIABILITY CON G ATTACHMENTS ("X" BOX UIRES FILING OF AMENDMENT.	IPANY, IF APPLICA	
lanager Name				· Manager Name	H.I.G.L 7-16-12 (a) (2) /	7-1 6- 52
CARMELO DISTI Sireei Address	EFANO			ALBERT PARRILL	.0	
22 BINGHAMPTO	ON AVEN	UE		· Street Address · 40 WESTMINSTER	STRFFT	
City		State	Zip	*City	Core	

City .Cin 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 ADLER POLLOCK & SHEEHAN P.C. 2300 FINANCIAL PLAZA Address City Zip PETER L. KENNEDY

*City

PROVIDENCE

Manager Name

·Street Address

PROVIDENCE

02919

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



JOHNSTON

Manager Name

Street Address

* 101786	6 DLLC 09/15/04 10:02:54 AM*
File Date_	
heck No	SEP 2 1 7004

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.

State

RI

Signature of Authorized Person

CARMELO DISTEFANO

Print or Type Name of Authorized Person



Manhew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

1. ID No.	<u> PED OR PRINTED IN E</u>	BLACK)	50.00		
101786	Parking Consult	limited liability company			
3. State of Formation					
RHODE ISLAND	PROPERTY	AND OPERATE A PARI AND IMPROVEMENTS	c husiness which is octually conducted XING GARAGE FACILITY AN	in Rhode Island D TO ACQUIRE ANI) INVEST IN REAL
5. Principal office add 40 WESTMINST	TER STREET		City PROVIDENCE	Siate RI	Zip 02903
6. MAILING ADI	DRESS OF LIMITE	D LIABILITY COMPA	NY AND NAME OR TITLE	OF CONTRACT THE	02505
	TEFANO		Contact Title . CO-MANAGER	OF CONTACT PER	CSUN:
40 WESTMINSTE			. PROVIDENCE LIMITED LIABILITY COM	State RI	<i>Zip</i> 02903 -
ALBERT PARRIL	'ro		Manager Name CARMELO DISTEFA	MO	
40 WESTMINSTE	R STREET		· Street Address		
City	State	Zip	.22 BINGHAMPTON	AVENUE	
PROVIDENCE	RI	02903	City JOHNSTON	State	Zıp
tanager Name NONE	••••••••••	• • • • • • • • • • •	Manager Name NONE Street Address		
ireei Address					
Dity	State	Zip	City	Con	
Ducipalia				State	Zip
RESIDENT AGE!	IT IN RHODE ISLAN	D DO NOT ALTER- Ch	anges require filing of Fo	m 642 - RICL 71	6.11
			Address		V-11
ADLER POLLOCK & SHEEHAN P.C.			2300 FINANCIAL PLAZA		
			City	Zip	
	ETER L. KENNEDY		ĺ	1-3-19	

PROVIDENCE

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



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File Date	10- 27-03
Check No	2932
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FOR SECRETARY C	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.

02903

Signature of Authorized Person

CARMELO DISTEFANO

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

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

1 11116 7 17104. 5	cpiembei	I - November I	- Filing Fee: \$50.	UAL REPORT FO	OR THE YEA	AR 2002
(FORM MUST BE 1	TYPED OR	PRINTED IN BLAC	CK)			
101786	Parl	act name of the limit king Consultant	s, LLC			
3. State of Formatio	л	4. Brief description	on of the character of the b	ousiness which is actually conducted	in Rhode Island	
RHODE ISLAN		10 OM AND	OPERATE A PÁRKI ND IMPROVEMENTS	NG GARAGE FACILITY ANT	TO ACQUIRE AND	INVEST IN REAL
5. Principal office of				City	State	Zip
40 WESTMINS				PROVIDENCE	RI	02903
6. MAILING AL	DDRESS	OF LIMITED L	IABILITY COMPAN	YAND NAME OR TITLE	OF CONTACT DED	SON
				Contact Title	OT CONTACT FER	30N:
CARMELO Dis	TEFANO			.CO-MANAGER		
Street Address				City	State	Zip
40 WESTMINS				. PROVIDENCE	RI	02902
7. NAME AND A	DDRESS	S OF EACH MA	NAGER OF THE LI	MITED LIABILITY COM	DIAW III III II	02505
		FILL IN SPA	CES BEFORE USING /	ATTACHMENTS ("Y" RAY E	PANY, IF APPLICA <i>OR ATTACHMENT)</i>	BLE
<u>. </u>	ANY N	MODIFICATIONS T	O MANAGERS REQUIR	ES FILING OF AMENDMENT. R	UCLIACHMENT)	3.40.50
Manager Name				· Manager Name	G.L 7-16-12 (8) (2) /	7-16-52
ALBERT PARK	ILLO			**		
Street Address				CARMELO DISTEFA	NO	
PO BOX 543				Street Address		
City		State	72/-	.44 BELMONT STRE	EET	_
CHEPACHET		RI	<i>Zip</i> 02814	City	State	Zip
Manager Name	• • • • •	J		PROVIDENCE	RI	02908
NONE				Manager Name		••••••••••••
Street Address			 	NONE		
				· Street Address		
City		State	Zip	.City		
		1		·City	State	Zip
8. RESIDENT AG	FNT IN P	HODE ISLAND	DO NOT ALTER OF			
Igent Name	25111 371 7	HODE ISLAND	DO NOT ALTER- Char	nges require filing of Fo	rm 642 - R.I.G.L. 7-16	5-11
ADLER POLLO	CK % SH	IEEUAN D.C		Address		
Address	CN & SI	TEEHAN P.C.		2300 FINANCIAL	PLAZA	
				City	Zip	
PETER L. KEN	NEDY			PROVIDENCE	ام	903 CI (5
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			[8]			
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*101786 DLLC9/24@ File Date_ Check No. 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

Albert Parrillo
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

∞ 5

LIMITED LIABILITY COMPANY

ID	Number DLLC 101786	Annual Report for the year 2001			
1.	The name of the limited liability co	empany is:			
	Parking Consultants, LLC				
2.	The address of the principal office	of the limited liability company is:			
	40 Westminster Street,				
3.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND				
4.	The name and address of its resid	ent agent is: ADLER POLLOCK & SHEEHAN P.C.			
	PETER L. KENNEDY 2300 FINAN	ICIAL PLAZA PROVIDENCE RI 02903			
5 .	The current mailing address of the	limited liability company and the name or title of a person to whom communications			
		Westminster Street, Providence, RI 02903			
	Attr	n: Manager			
	state: real property and i	r of the business in which the limited liability company is actually engaged in this a parking garage facility and to acquire and invest in improvements thereon. managers, the name and address of each manager of the limited liability company Address P.O. Box 543, Chepachet, RI 02814 44 Belmont Street, Providence, RI 02908			
	• • • • • •	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. Parking Consultants, LLC Exact Name of Limited Liability Company By Manager			
Ву:	By (22404	Title Form No. 632 Revised 01/99			

DETACH BOTTOM BEFORE RETURNING

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	101	786

Annual Report for the year 2000

	The state of the s
The name of the limited liability com	pany is:
Parking Consultants, LLC	
2. The address of the principal office of	f the limited liability company is:
40 Westminster Street, Pr	ovidence, RI 02903
3. The state or other jurisdiction under	the laws of which it is formed is RHODE ISLAND
4. The name and address of its residen	tagentis: ADLER POLLOCK & SHEEHAN
ATTN: PETER L. KENNEDY 2300 B	ANKBOSTON PLAZA PROVIDENCE RI 02903
5. The current mailing address of the lin	mited liability company and the name or title of a person to whom communications
may be directed are: 40 West	minster Street, Providence, RI 02903
Attn:	Manager
6. A brief statement of the character of	of the business in which the limited liability company is actually engaged in this
	parking garage facility and to acquire and invest in
real property and imp	rovements thereon.
Name	anagers, the name and address of each manager of the limited liability company Address
Albert Parrillo	P.O. Box 543, Chepachet, RI 02814
Carmelo DiStefano	44 Belmont Street, Providence, RI 02908
Dated /0/4/00	Under namely of porture I declare and office that have
El 1/21/ ED/EJ 1/8// 1200/ 181/4 D//	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.
1 0 1 7 8 6	Parking Consultants, LLC Exact Name of Limited Liability Company
FOR SECRETARY OF STATE USE ONLY	0 1-21-1
File Date:	By server with the
Check No.: 007 1 1 2000	Manager Title
By: "HIDOLSO	7708 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 Telephone (401) 222-3040

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LIMITED LIABILITY COMPANY

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ID	Number <u>LL 101786</u>	Annual Report for the year 1999	63. Hd
1.	The name of the limited liability co	ompany is:	
	Parking Consultants, LLC		
2.	The address of the principal office	of the limited liability company is:	
	40 Westminster Street, Pr		
3.	The state or other jurisdiction under	er the laws of which it is formed is RHODE ISLAND	
4.		ent agent is: ADLER POLLOCK & SHEEHAN	
		BANKBOSTON PLAZA PROVIDENCE, RI 02903	
		limited liability company and the name or title of a person to whom cor	nmunicati
	may be directed are: 40 Westm	inster Street, Providence, RI 02903	ninunications
		anager	
;	state: To own and operate a property and improver	parking garage facility and to acquire and invest in ments thereon. nanagers, the name and address of each manager of the limited liability.	real
	Albert Parrillo	P.O. Box 543, Chepachet, RI 02814	
_	Carmelo DiStefano	44 Belmont Street, Providence, RI 02908	
Date:		Under penalty of perjury, I declare and affirm that I have ex report, including any accompanying schedules and stater that all statements contained herein are true and correct. Parking Consultants, LLC Exact Name of Limited Liability Company	amined this nents, and
le Da	R SECRETARY OF STATE USE ONLY te: 9/23/99	By albert roullo	
eck !	No.: 1878	Manager Title	
:	OPP	Form t	No. 632 d 01/99