



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 72088		2. Exact name of the limited liability company ALBACO, 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	
5. Principal office address 11 Kristen Dr		City Pro. Prov	State RD
		Zip 02911	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MONA ALBANESE		Contact Title member	
Street Address 11 Kristen Dr.		City Pro	State PROV
		Zip 02911	
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 MONA ALBANESE		Manager Name	
Street Address 11 Kristen Dr.		Street Address	
City Pro. Prov	State RA	City	State
Zip 02911		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 ANTHONY W. ALBANESE		Address	
Address 2200 BROAD STREET		City CRANSTON	Zip 02905

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.

File Date 9/8/05 *72088*

Check No. 2723

By: JMD

FOR SECRETARY OF STATE USE ONLY

MONA ALBANESE 8/29/05
 Signature of Authorized Person Date

MONA ALBANESE
 Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
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Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

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 72088		2. Exact name of the limited liability company ALBACO, 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	
5. Principal office address 11 Kristen Drive		City NO. PROV	State R.I.
		Zip 02911	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Mona Albanese		Contact Title Operating Manager	
Street Address 11 Kristen Dr.		City No PROV	State R.I.
		Zip 02911	
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 Anthony Albanese		Manager Name Mona Albanese	
Street Address 11 Kristen Dr.		Street Address 11 Kristen Drive	
City No. Prov	State RI	City No. Prov	State RI
Zip 02911		Zip 02911	
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 ANTHONY W. ALBANESE		Address	
Address 2200 BROAD STREET		City CRANSTON	Zip 02905

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



* 7 2 0 8 8 *

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 9/8/04
Check No. 2512
By: DA
FOR SECRETARY OF STATE USE ONLY

Mona Albanese 9-7-04
Signature of Authorized Person Date
Mona Albanese
Print or Type Name of Authorized Person



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. 72088		2. Exact name of the limited liability company ALBACO, LLC	
3. State of Jurisdiction RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 11 Kristen Drive		City NO. Providence	State R.I
		Zip 02911	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Anthony Albanese		Contact Title member OPERATING/manager	
Street Address 11 Kristen Drive		City NO. Providence	State R.I
		Zip 02911	
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 Anthony Albanese		Manager Name MONA Albanese	
Street Address 11 Kristen Drive		Street Address 11 Kristen Drive	
City NO. PROV	State R.I	Zip 02911	City NO. PROV
			State R.I
			Zip 02911
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 ANTHONY W. ALBANESE		Address	
Address 2200 BROAD STREET		City CRANSTON	Zip 02905

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



* 7 2 0 8 8 *

File Date 9-4-03
Check No. 1851
By: ae
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.

Anthony Albanese 9-3-03
Signature of Authorized Person Date
Anthony Albanese
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. 72088		2. Exact name of the limited liability company JABCO, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 2200 BROAD ST.		City CRANSTON	State RI
		Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ANTHONY ALBANESE		Contact Title OPERATING MANAGER	
Street Address 2200 BROAD ST.		City CRANSTON	State RI
		Zip 02905	
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 ANTHONY ALBANESE		* Manager Name MONA ALBANESE	
Street Address 11 Kristen Dr.		* Street Address 11 Kristen Dr.	
City NO. PROV	State RI	Zip 02911	* City NO PROV
			* State RI
			* Zip 02911
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 ANTHONY W. ALBANESE		Address	
Address 2200 BROAD STREET		City CRANSTON	Zip 02905

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



* 7 2 0 8 8 *

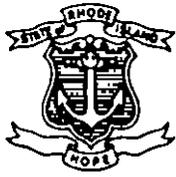
File Date	8-29-02
Check No.	2895
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person Date 8/29/02
ANTHONY ALBANESE operating manager
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 72088

Annual Report for the year 2001

1. The name of the limited liability company is:

JABCO, L.L.C.

2. The address of the principal office of the limited liability company is:

2200 BROAD ST Cranston RI 02905

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 agent is: ANTHONY W. ALBANESE

2200 BROAD STREET CRANSTON RI 02905

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Anthony Albanese

2200 BROAD ST CRANSTON RI 02905

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated 8/29/01

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.



Jabco LLC

Exact Name of Limited Liability Company

By

Anthony W. Albanese

member

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-5-01

Check No.: 2609

By: [Signature]

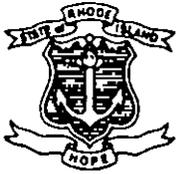
Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

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 72088

Annual Report for the year 2000

1. The name of the limited liability company is:

JABCO, L.L.C.

2. The address of the principal office of the limited liability company is:

11 Kristen Drive North Providence RI 02911

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 agent is: ANTHONY W. ALBANESE - 2200 BROAD ST GRANSTON RY.

2200 BROAD STREET GRANSTON RI 02906 ~~100 North Main Street Providence RI 02911~~

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Anthony Albanese

11 Kristen Dr. No. Providence RI 02911

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Mona Albanese (member)</u>	<u>11 Kristen Dr. No. Prov. RI 02911</u>
<u>Anthony Albanese</u>	<u>11 Kristen Dr No Prov RI 02911</u>

Dated 9-8-00

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.

JABCO L.L.C.

Exact Name of Limited Liability Company

By Mona L. Albanese
Member
Title



FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10/2</u>
Check No.:	<u>2345</u>
By:	<u>ca</u>

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 LL 72088

Annual Report for the year 1999

1. The name of the limited liability company is:

JABCO, L.L.C.

2. The address of the principal office of the limited liability company is:

11 KRISTEN DR NORTH PROVIDENCE

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 agent is: ANTHONY W. ALBANESE

2200 BROAD STREET CRANSTON, RI 02905

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: SAME AS ABOVE

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: REAL ESTATE HOLDING CO.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>ANTHONY ALBANESE</u>	<u>11 KRISTEN DR N. PROV.</u>
<u>WILLIAM ALBANESE</u>	<u>665 NATHANQUIST DR WARWICK</u>
<u>JOHN ALBANESE</u>	<u>21 MARIGOLD CIRCLE N. PROV.</u>

Name	Address
<u>ANTHONY ALBANESE</u>	<u>11 KRISTEN DR N. PROV.</u>
<u>WILLIAM ALBANESE</u>	<u>665 NATHANQUIST DR WARWICK</u>
<u>JOHN ALBANESE</u>	<u>21 MARIGOLD CIRCLE N. PROV.</u>

Dated 9/4/99

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.



JABCO, L.L.C.

Exact Name of Limited Liability Company

By ANTHONY ALBANESE

MANAGER / MEMBER
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-7-99</u>
Check No.:	<u>2057</u>
By:	<u>AMK</u>

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 LL 72088

Annual Report for the year 1998

1. The name of the limited liability company is:

JABCO, L.L.C.

2. The address of the principal office of the limited liability company is:

11 Kristen Dr. No. Paw. R.I. 02911

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 agent is: ANTHONY W. ALBANESE

2200 BROAD STREET CRANSTON, RI 02905

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Anthony Albanese

11 Kristen Dr. No. Paw. R.I. 02911

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Mona Albanese</u>	<u>11 Kristen Dr. No. Paw R.I. 02911</u>

Dated 8/27, 1998



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.

JABCO L.L.C.
Exact Name of Limited Liability Company

By Anthony Albanese
member
Title

FOR SECRETARY OF STATE USE ONLY

File Date: 8-31-98

Check No.: 1409

By: ICP

XXXXXX Filing Fee \$50.00

STATUTORY REQUIREMENT: NO FEE

LLC I.D. # 72088

To be filed annually between
September 1 and November 1

State of Rhode Island and Providence Plantations

Corporations Division
100 North Main Street
Providence, Rhode Island 02903

Annual Report for the Year 1993 (STATUTORY REQUIREMENT : 1993 LLC'S)

FIRST: The name and address of the principal office of the limited liability company is:

JABCO, L.L.C.

SECOND: It is formed under the laws of: Rhode Island

THIRD: Name and address of its resident agent is:

Anthony W. Albanese
2200 Broad Street
Cranston, RI 02905

FOURTH: The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

Anthony W. Albanese
2200 Broad Street
Cranston, RI 02905

FIFTH: A brief statement of the character of the business in which the limited liability company is actually engaged in Rhode Island.

Acquisition, purchase, renting of real estate.

Dated 10/13, 1993

JABCO, LLC

(Name of Limited Liability Company)

* By Catherine Caprio Albanese
Title Treasurer

* To be signed in the manner required by the home state.

Rec'd & Filed OCT 15 1993

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 0072058

Annual Report for the year 1997

1. The name of the limited liability company is:

JABCO, L.L.C.

2. The address of the principal office of the limited liability company is:

11 Keister Drive, North Providence

3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island 02811

4. The name and address of its resident agent is: same as above

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: same as above

Mona A. Alesse or Anthony Alesse (owner)

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Rentals of Apartments

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Mona Alesse</u>	<u>11 Keister Dr. N. Providence 02911</u>

Dated 1 Sept, 1997

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

SEP 03 1997 1154

SECY OF STATE

JABCO L.L.C.

Exact Name of Limited Liability Company

By Anthony Alesse

owner / MEMBER
Title

Form No LLC-19
Revised 8/97

ANTHONY W. ALEANESE

2200 BROAD STREET
CRANSTON RI 02905

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
Corporation Division
100 North Main Street
Providence, RI 02903-1335

LIMITED LIABILITY COMPANY

LLC I D.# 72088

Annual Report for the year **1996**

FIRST: The name of the limited liability company is: **JABCO, LLC**

SECOND: The address of the principal office of the limited liability company is:

2200 BROAD STREET, CRANSTON, RI 02905

THIRD: The state or other jurisdiction under the laws of which it is formed is: **Rhode Island**

FOURTH: The name and address of its resident agent is:

Anthony W. Albanese
2200 BROAD STREET, CRANSTON, RI 02905

FIFTH: The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

Anthony W. Albanese
2200 BROAD STREET, CRANSTON, RI 02905

SIXTH: A brief statement of the character of the business in which the corporation is actually engaged in this state:

To own, build upon, develop, alter, repair, sell, rent, lease
and generally deal with real and personal property.

Dated 9/6 19 96 JABCO, LLC

Exact Name of Limited Liability Company

File Date:	9/6/96
Check No:	765
By:	ACT
For Secretary of State Use Only	

*By Anthony Albanese
*To be signed in the manner required by the home state.
Title MEMBER

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
Corporation Division
100 North Main Street
Providence, RI 02903-1335

LIMITED LIABILITY COMPANY

LLC ID. # 0072066

Annual Report for the year 1995

FIRST: The name of the limited liability company is:

JABCO, L.L.C.

SECOND: The address of the principal office of the limited liability company is:

2200 Broad Street, Cranston, RI 02905

THIRD: The state or other jurisdiction under the laws of which it is formed is:

Rhode Island

FOURTH: The name and address of its resident agent is:

Anthony W. Albanese
2200 Broad Street, Cranston, RI 02905

FIFTH: The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

Anthony W. Albanese
2200 Broad Street, Cranston, RI 02905

SIXTH: A brief statement of the character of the business in which the corporation is actually engaged in this state:

Deal with and in real property.

Dated 8/25 19 95

JABCO, LLC
Exact Name of Limited Liability Company

FILED

SEP 01 1995

By [Signature]

*By Anthony Albanese

Title MEMBER

*To be signed in the manner required by the home state.

FORM LLC-19 7/95

ANTHONY W. ALBANESE
2200 BROAD STREET
CRANSTON RI 02905

Filing Fee \$50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
L.L.C. Sept. 1 - Nov. 1
CORP. Jan. 1 - March 1

Corporate ID: 72088 Annual Report for the year: 1994

Name of Business Entity: JABCO, L.C.C.

Business entity organized under the laws of the State of RI
Federal Taxpayer Identification Number _____
For foreign entity, address and telephone number of principal office _____
Phone (____) _____
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)
665 Namquid Drive
Warwick, RI 02888
Phone 401 781-1313

Business Entity is (check one)
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)
 Limited Liability Company (See RIGL 7-1.6)
Name, title and mailing address of contact person to whom communications may be directed:
Anthony W. Albanese, Member
2200 Broad Street
Cranston, RI 02905
Brief statement of the character of business conducted in Rhode Island:
Real estate business
Date of Organization April 19, 1993
Date of Qualification to do business in Rhode Island (if foreign entity) _____

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input type="checkbox"/> PRESIDENT (SEE RIGL 7-1.1)	_____	_____	_____
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (SEE RIGL 7-1.1)	_____	_____	_____
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (SEE RIGL 7-1.1)	_____	_____	_____
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (SEE RIGL 7-1.1)	_____	_____	_____

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER
CLASS	CLASS
SERIES	SERIES
PAR VALUE OR WITHOUT PAR	PAR VALUE OR WITHOUT PAR

FILED
OCT 31 1994
By RHIC #290 #50.00

Date October 24, 1994
By Anthony W. Albanese
Anthony W. Albanese
PRINT OR TYPE NAME OF OFFICER SIGNING
Member
TITLE OF OFFICER SIGNING

Form 31 1994
DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form L.L.C. 3 must be filed.