



**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. 103988		2. Exact name of the limited liability company ALBACO, 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 TO PURCHASE AND MANAGE REAL ESTATE, AND ALL OTHER LAWFUL BUSINESS	
5. Principal office address 11 Kristen Drive		City North Providence	State R.I.
		Zip 02911	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Anthony W. Albanese		Contact Title Operating/Manager	
Street Address 11 Kristen Drive		City North 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 W. Albanese		Manager Name Mona A. Albanese	
Street Address 11 Kristen Drive		Street Address 11 Kristen Drive	
City North Providence	State R.I.	City North Providence	State R.I.
Zip 02911	Zip 02911	Zip 02911	Zip 02911
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip	Zip	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 THOMAS B. DISEGNA, ESQ		Address	
Address 1564 CRANSTON STREET		City CRANSTON	Zip 02920

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



\* 1 0 3 9 8 8 \*

File Date 9-11-02  
Check No 1246  
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.

[Signature] 9-6-02  
Signature of Authorized Person Date

Anthony W. 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 DLIC 103988

Annual Report for the year 2001

1. The name of the limited liability company is:

ALBACO, 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: THOMAS B. DISEGNA, ESQ

1564 CRANSTON STREET CRANSTON RI 02920

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: 11 Kristen Drive, North Providence, RI 02911

Anthony W. Albanese, Operating/Manager

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To purchase and manage real estate, and all other lawful business.

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

Anthony W. Albanese

11 Kristen Drive, North Providence, RI 02911

Mona A. Albanese

11 Kristen Drive, North Providence, RI 02911

Dated \_\_\_\_\_

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 3 9 8 8

ALBACO, L.L.C.

Exact Name of Limited Liability Company

✓ By

Anthony W. Albanese, Operating/Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

10-9-01

Check No.:

884

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 103988

Annual Report for the year 2000

1. The name of the limited liability company is:

ALBACO, 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: THOMAS B. DISEGNA, ESQ

1564 CRANSTON STREET CRANSTON RI 02920

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: 11 Kristen Drive, North Providence, RI 02911,

Anthony W. Albanese, Operating/Manager

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To purchase and manage real estate, and all other lawful business

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

*Name*

*Address*

Anthony W. Albanese

11 Kristen Drive, North Providence, RI 02911

Mona L. Albanese

11 Kristen Drive, North Providence, RI 02911

Dated September 28, 2000

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.  
ALBACO, L.L.C.



1 0 3 9 8 8

*Exact Name of Limited Liability Company*

By *Anthony Albanese*

Anthony W. Albanese, Operating/Manager

*Title*

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10/2</u>
Check No.:	<u>13216</u>
By:	<u><i>ce</i></u>