



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. 111989 | | 2. Exact name of the limited liability company Abatecola Realty Associates, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island HOLDING, OWNING, BUYING, SELLING, PLEDGING, OR DEALING IN REAL ESTATE | |
| 5. Principal office address 300 MORGAN AVENUE | | City JOHNSTON | State RI |
| | | Zip 02919- | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name ARNALDO ABATECOLA | | Contact Title Manager | |
| Street Address 300 MORGAN AVE. | | City JOHNSTON | State RI |
| | | Zip 02919- | |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE | | | |
| FILE 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 Araldo Abatecola | | *Manager Name . | |
| Street Address 300 Morgan Avenue | | *Street Address . | |
| City Johnston | State RI | Zip 02919 | *City . |
| *State . | | *State . | |
| *Zip . | | *Zip . | |
| *Manager Name . | | *Manager Name . | |
| *Street Address . | | *Street Address . | |
| City . | State . | Zip . | *City . |
| *State . | | *State . | |
| *Zip . | | *Zip . | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.L.G.L. 7-16-11. | | | |
| Agent Name ARTHUR J. LEONARD, ESQ. | | Address 321 SOUTH MAIN STREET, SUITE 301 | |
| Address | | City PROVIDENCE | Zip 02903- |

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



1 1 1 9 8 9

111989 DLLC 10/03/05 10:02:57 AM

File Date 10-24-05

Check No. 439

By: CXC

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.

Araldo Abatecola 10/18/05
Signature of Authorized Person Date

Araldo Abatecola, Manager
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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| | | Zip 02919- | |
| 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 Araldo Abatecola | | • Manager Name | |
| Street Address 300 Morgan Avenue | | • Street Address | |
| City Johnston | State RI | Zip 02919 | • City |
| • Manager Name | • State | • Zip | • Manager Name |
| Street Address | | • Street Address | |
| City | State | Zip | • City |
| • State | • Zip | • 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 ARTHUR J. LEONARD, ESQ. | | Address 321 SOUTH MAIN STREET, SUITE 301 | |
| Address | | City PROVIDENCE | Zip 02903- |

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



1 1 1 9 8 9

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.

Araldo Abatecola
Signature of Authorized Person Date

Arnaldo Abatecola operating manager
Print or Type Name of Authorized Person

111989 DLLC 10/14/04 10:46:03 AM

File Date 11/8/04

Check No. 012882

By: VS

FOR SECRETARY OF STATE USE ONLY



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)

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| | | Zip 02919- | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name ARNALDO ABATECOLA | | Contact Title | |
| Street Address 300 MORGAN AVE. | | City JOHNSTON | State RI |
| | | Zip 02919- | |
| 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 Arnaldo Abatecola | | *Manager Name | |
| Street Address 300 Morgan Avenue | | *Street Address | |
| City Johnston | State RI | Zip 02919 | *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 ARTHUR J. LEONARD, ESQ. | | Address 321 SOUTH MAIN STREET, SUITE 301 | |
| Address | | City PROVIDENCE | Zip 02903- |

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



1 1 1 9 8 9

111989 DLLC 09/29/03 11:05:59 AM
File Date 10 15-03
Check No. 3416
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.

Arnaldo Abatecola 10/10/03
Signature of Authorized Person Date

Arnaldo Abatecola
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, 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

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|--|-------------|--|---|---------------|---------------|
| 1. ID No. *111989* | | 2. Exact name of the limited liability company Abatecola Realty Associates, LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island HOLDING, OWNING, BUYING, SELLING, PLEDGING, OR DEALING IN REAL ESTATE | | | |
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| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name ARNALDO ABATECOLA | | | Contact Title . | | |
| Street Address 300 MORGAN AVE. | | | City JOHNSTON | State RI | Zip 02919- |
| 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 Araldo Abatecola | | | Manager Name . | | |
| Street Address 300 Morgan Avenue | | | Street Address . | | |
| City Johnston | State RI | Zip 02919 | 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 ARTHUR J. LEONARD, ESQ. | | | Address 321 SOUTH MAIN STREET, SUITE 301 | | |
| Address . | | | City PROVIDENCE | Zip 02903- | |

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



* 1 1 1 9 8 9 *

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.

Araldo Abatecola 9/26/02
Signature of Authorized Person Date

Araldo Abatecola
Print or Type Name of Authorized Person

| |
|---------------------------------|
| *111989 DLLC9/16/022:04:06 PM* |
| File Date <u>10-7-02</u> |
| Check No. <u>10448</u> |
| By: <u>[Signature]</u> |
| FOR SECRETARY OF STATE USE ONLY |

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 111989

Annual Report for the year 2001

1. The name of the limited liability company is:

Abatecola Realty Associates, LLC

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

300 Morgan Avenue, Johnston, RI 02919

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: ARTHUR J. LEONARD, ESQ.

321 SOUTH MAIN STREET, SUITE 301 PROVIDENCE RI 02903-

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: Arnaldo Abatecola, Operating Manager

300 Morgan Avenue
Johnston, RI 02919

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Holding, owning, buying, selling, pledging, or dealing in real estate.

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

Name

Address

Arnaldo Abatecol, Operating
Manager

300 Morgan Avenue, Johnston, RI 02919

Dated

9/18/01

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.



1 1 1 9 8 9

Abatecola Realty Associates, I.L.C

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

File Date:

9-21-01

Check No.:

167

By:

[Signature]

By

[Signature]

Operating Manager

Title

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 obtained by contacting this office at 401-222-3040, or from our web site at www.state.ri.us