

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 VEAR 2005

Filing Period: Septer	mber 1 -	November 1	Filing Fee: \$50.00	AL REI OKI	FOR THE I	EAR	
(FORM MUST BE TYPE							
1. ID No	2. Exact name of the limited liabilty company						
104494	MOSHASSUCK RIVER, L.L.C.						
3. State of Formation		4. Brief description	of the character of the busine	ss which is actually con-	ducted in Rhode Island		
RHODE ISLAND		REAL ESTATE	DEVELOPMENT	·			
5. Principal office addre				City	State	Zip	
55 INDUSTRIAL	CIRCL	E		LINCOLN	RI	02865-	
6. MAILING ADDR	ESS O	F LIMITED LIA	BILITY COMPANY A	ND NAME OF TI	TIE OF CONTACT	PERSON.	
Contact Name				Contact Title	· ····· contract;	- ERSON.	
STEVEN A LANCI	A			Manager			
Street Address	-			City	State	Zip	
55 INDUSTRIAL	CIRCL	Ε		.LINCOLN	RI	02865-	
7. NAME AND ADD	RESS (OF EACH MAN.	AGER OF THE LIMIT	ED LIABILITY C	COMPANY IF APPL	ICARL F	
		FILL IN SPACE	ES BEFORE USING ATTA		BOX FOR ATTACHMENT		
	ANY MO	DIFICATIONS TO	MANAGERS REQUIRES F	ILING OF AMENDME	NT. R.I.G.L 7-16-12 (a)	(2) / 7-16-52	
Manager Name				· Manager Name			
Stephen A. Lan	cia			•			
Street Address			<u> </u>	· Street Address			
55 Industrial	Circle	2		•			
City	J	State	Zip	*City	State	Zip	
Lincoln		RI	02865	•		'	
Manager Name	• • • •			Manager Name			
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Street Address	_			·Street Address			
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A Drompile . only			<u> </u>	· ·· 			
8. RESIDENT AGENT	I IN RH	ODE ISLAND -D	O NOT ALTER- Change		of Form 642 - R.I.G.I	7-16-11	
- -				Address			
PAUL T. DICRISTO	DEARO	, ESQ.		400 RESERVO	IR AVENUE, SUIT	CE 3-1	
Address				City		Zip	
				PROVIDENCE		02907-	
				·		-	

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. *104494 DLLC 09/06/05 01:03:08 PM* STEVEN A. LANCIA FOR SECRETARY OF STATE US

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



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

2004

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

FORM MUST BE TYP	ED OR PE	UNTED IN BLACK)	.00		
<i>I. ID No.</i> 104494	2. Exact	name of the limited	l liabilty company			
State of Formation	IMOSI	HASSUCK RIVI			•	
3. State of Formation 4. Brief description of the character of the RHODE ISLAND REAL ESTATE DEVELOPMENT				business which is actually conduct	ed in Rhode Island	
			DEVELOPMENT			
Principal office addn				City	State	7:-
55 INDUSTRIAL CIRCLE			LINCOLN	RI	Zip 02865-	
MAILINGADD	RESS O	F LIMITED LIA	BILITY COMPAN	Y AND NAME OR TITLE	F OF CONTACT	PERSON
oniaci Name TEVEN A LANC				Contact Title	_or continct	CERSON:
reel Address				.Manager		
55 INDUSTRIAL CIRCLE				City	State	Zip
7. NAME AND ADDRESS OF EACH MANAGER OF THE L				. LINCOLN	RI	المممد
IUA UNA AMANI	DRESS (OF EACH MAN	AGER OF THE LI	MITED LIABILITY CON	IPANY, IF APP	LICABLE
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noger Name			MANAGERS REQUIR	ES FILING OF AMENDMENT.	R.I.G.L 7-16-12 (a)	(2) / 7-16-52
even A. Land	cia			• Manager Name		
eet Address				4 Street 4 d b		
Industrial	Circle	2		· Street Address	,	
y		State	Zip	*City		
ncoln		RI	02865	• • • • • • • • • • • • • • • • • • • •	State	Zip
nager Name	••••	• • • • • • • •		Manager Name		
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u Name		ODE ISEAND D	NOT ALTER- Char	nges require filing of F	orm 642 - R.I.G	L. 7-16-11
AUL T. DICRISTO	OFARO.	. ESQ.		i "		
ress		<u> </u>	 _	400 RESERVOIR	AVENUE, SUI	TE 3-1
				'		Zip
<u>. </u>				PROVIDENCE		02907-
report must be s	igned in	ink by an auth	horized person pur	suant 10 7-16-66.		
04494 DLLC 08/3	31/04 03	:37:00 PM*]	Under penalty of per this reporty regulating and that all statemen	ny accompanying	affirm that I have examined g schedules and statements, are true and correct.
ck No. 2	7 2	05		\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	6	12/105
1	7 / 2 /	0.5		Signature of Justionized	·	Date
SECRETARIA	2A			Sieven A. L.	ancia	Date
SECRETARY OF STA	2A ATE USE	ONLY			ancia	Date Form 632 Pa

104494	MOSHASSUCK	act name of the limited liability company SHASSUCK RIVER, LLC				
3. State of Formation	tate of Formation 4. Brief description of the character of the			ted in Rhode Island	· <u> </u>	
RHODE ISLAND	Real Es	tate Development	and a summing to make	nea in roione isiana		
5. Principal office addr	ess		City			
55 Industrial Circle			Lincoln	State RI	Zip	
6. MAILING ADD	RESS OF LIMITE	D LIABILITY COMPA	NY AND NAME OR TITL		02865	
		- COMPA	Contact Title	E OF CONTACT PER	RSON:	
Steven A. Lan	cia		.Manager			
Street Address			City	State	Ta:	
55 Industrial			Lincoln	RT	<i>Zip</i> 02865	
7. NAME AND ADI	PRESS OF EACH	MANAGER OF THE I	LIMITED LIABILITY CO	MDANIN IE I EE	02865	
		OLUCES DELOKE OSTIAC	ALIACHMENTS /"Y" DAY	/ EAS 477/2004Cime 🗀		
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lanager Name			· Manager Name	(a) (2) /	1-10-52	
Steven A. Land	ia		• · · · · · · · · · · · · · · · · · · ·			
			· Street Address			
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Street Address 55 Industrial City Lincoln Manager Name Street Address City RESIDENT AGEN Gent Name	State RI State RI State	02865 Zip	*City *Manager Name *Street Address	State	Zip	
Street Address 55 Industrial City Lincoln Manager Name Theet Address City CRESIDENT AGEN Gent Name Paul T. DiCt	State RI State RI State	02865 Zip	*City Manager Name Street Address City anges require filing of the	State	Zip	
Street Address 55 Industrial City Lincoln Manager Name Street Address City A. RESIDENT AGEN gent Name Paul T. DiCt ddress	State RI State RI State State State State State State	02865 Zip ND-DO NOT ALTER- Cha	*City Manager Name Street Address City anges require filing of the	State orm 642 - R.I.GL. 7-1	6-11	
Street Address 55 Industrial City Lincoln Manager Name Street Address City A. RESIDENT AGEN gent Name Paul T. DiCt ddress	State RI State RI State	02865 Zip ND-DO NOT ALTER- Cha	**City **Manager Name **Street Address **City anges require filing of i	State	6-11	

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



File Date	9.25-03
Check No.	25631
В <u>у:</u>	de
FOR SECRE	TARY 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 Suthorized Person

Date

Steven A. Lancia

Print or Type Name of Authorized Person

Form 632 Rev. 6/02



FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, III. Secretary of Stat. Corporations Divisio. 100 North Main Street, Providence, RI 02903-133. 401.222.304

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

107737	1. ID No. 2. Exact name of the limited liabilty company MOSHASSLICK RIVER 1.1.C						
State of Formation	MOSHASSUCK RIVER, L.L.C. 4. Brief description of the character of the business which is actually conducted in Rhode Island						
- S was a prior of the character by the bas			iness which is actually conducted in Rhoo	te Island			
RHODE ISLAND		REAL ESTATE DE	VELOPMENT				
Principal office addi	ress	<u> </u>		City	State		Zip
1117 Douglas Avenue			North Providence	RI		Ó 29 O 4	
5. MAILING ADD	RESS O	F LIMITED LIAB	ILITY COMPANY	AND NAME OR TITLE OF CO	DNTACT P	ERSON:	
Contact Name Steven A. I				Contact Title		3100111	
				Manager			
Street Address			-	City	State		Zip
1117 Dougla				·North Providence	RI	.	02904
NAME AND ADI	RESS O	F EACH MANAG	ER OF THE LIMI	TED LIABILITY COMPANY, IF	APPLICA	BLE	************
	ANV M		BEFORE USING AT		TACHMENT,	i I	
anager Name	ANT MC	JUIFICATIONS TO MA	ANAGERS REQUIRE	S FILING OF AMENDMENT. R.I.G.L.	7-16-12 (a) (2) / 7-16-52	
· ·	_			• Manager Name •			
Steven A. L.	<u>ancia</u>			•	<u> </u>		
117 Douglas	Aveni	ue		• Street Address			
City		State	T2:-	•			
 Iorth Provid			Zip	City	State		Zip
fanuger Name	ieirce 1	Ŗţ	J .02904	· · · · · · · · · · · · · · · · · · ·			
-				*Manager Name			
treet Address				Street Address	<u> </u>		
				•			
lity		State	Zip	.City	State		<i>Сір</i>
	l			• — •			
RESIDENT AGEN	IT IN RH	ODE ISLAND -DO	NOT ALTER- Chan	ges require filing of Form 6	12 - R.I.G.L.	7-16-11	
sem rume				Address			
PAUL T. DICRISTOFA	RO, ESQ.			i			
ddress			-	City			
	NUE, SUITI	E 3-1		PROVIDENCE 02907.			
							
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400 RESERVOIR AVE	signed i	in ink by an author	orized person purs	Suant to 7-16-66. Under penalty of perjury, 1 of this report, including any ac	lecture and a	ffirm that I ha	ive examined

Signature of

Print or Type Name of Authorized Person

Steven A. Lancia

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

	LIIVII	TED LIABILITY COMPANY
ID	Number DLLC 104494	Annual Report for the year 2001
1.	The name of the limited liability company is	
	MOSHASSUCK RIVER, L.L.C.	
2.	The address of the principal office of the lin	nited liability company is: Providence, Rhode Island 02904
3.	The state or other jurisdiction under the law	s of which it is formed is RHODE ISLAND
4.	The name and address of its resident agen	tis: PAUL T. DICRISTOFARO, ESQ. 400 RESERVOIR AVENUE, SUITE 3-1, PROVIDENCI
5.	The current mailing address of the limited lim	0290 ability company and the name or title of a person to whom communication ancia
6.7.	A brief statement of the character of the tstate: Real Estate	Providence, Rhode Island 02904 Dusiness in which the limited liability company is actually engaged in the state of the limited liability company address. Address
Dat	ed	Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Moshassuck River, L.L.C. Exact Name of Limited Liability Company
	8-12-0	Steven A. Lancia, Manager
By:	NOV 28 2001 By 0549	Title Form No. 632 Revised 01/99

Fing 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	104494
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ID	Number DLLC 104494	Annual Report for the year 2000						
1.	The name of the limited liability co	empany is:						
	MOSHASSUCK RIVER, L.L.C.							
2.	The address of the principal office	of the limited liability company is:						
		North Providence, RI 02904						
3.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND							
4.		ent agent is: PAUL A. LANCIA, ESQ.						
	48 NASHUA STREET PROVIDEN	NCE RI 02904						
5.	The current mailing address of the	limited liability company and the name or title of a person to whom communications						
		. Lancia, 48 Nashua Street, Providence, RI 02904						
	state: real estate devel	of the business in which the limited liability company is actually engaged in this lopment. The managers, the name and address of each manager of the limited liability company						
	Name Paul A. Lancia	Address 48 Nashua Street, Providence, RI 02904						
Date	ed 10/02/00	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. Moshassuck River, LLC Exact Name of Limited Liability Company						
File D	OR SECRETARY OF STATE USE ONLY Date: ///	By // //						
Check		Paul A. Lancia						
Ву:	k No.: 2874 (Title Form No. 632 Revised 01/99						