



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 104494		2. Exact name of the limited liability company MOSHASSUCK RIVER, 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 DEVELOPMENT	
5. Principal office address 55 INDUSTRIAL CIRCLE		City LINCOLN	State RI Zip 02865-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name STEVEN A LANCIA Contact Title Manager			
Street Address 55 INDUSTRIAL CIRCLE		City LINCOLN	State RI Zip 02865-
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 Stephen A. Lancia		Manager Name	
Street Address 55 Industrial Circle		Street Address	
City Lincoln	State RI	Zip 02865	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 PAUL T. DICRISTOFARO, ESQ.		Address 400 RESERVOIR AVENUE, SUITE 3-1	
Address		City PROVIDENCE	Zip 02907-

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



1 0 4 4 9 4

\*104494 DLLC 09/06/05 01:03:08 PM\*

File Date **FILED**

Check No. **NOV 14 2005**

By **82070**

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

**STEVEN A. LANCIA**

Print or Type Name of Authorized Person



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 2004**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 104494		2. Exact name of the limited liability company MOSHASSUCK RIVER, 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 DEVELOPMENT	
5. Principal office address 55 INDUSTRIAL CIRCLE		City LINCOLN	State RI Zip 02865-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name STEVEN A LANCIA		Contact Title Manager	
Street Address 55 INDUSTRIAL CIRCLE		City LINCOLN	State RI Zip 02865-
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 Steven A. Lancia		• Manager Name	
Street Address 55 Industrial Circle		• Street Address	
City Lincoln	State RI	Zip 02865	• 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 PAUL T. DICRISTOFARO, ESQ.		Address 400 RESERVOIR AVENUE, SUITE 3-1	
Address		City PROVIDENCE	Zip 02907-

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



\*104494 DLLC 08/31/04 03:37:00 PM\*

File Date 6/23/05

Check No. 29505

By: DA

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

Steven A. Lancia

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. 104494		2. Exact name of the limited liability company MOSHASSUCK RIVER, 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 Development	
5. Principal office address 55 Industrial Circle		City Lincoln	State RI
			Zip 02865
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Steven A. Lancia		Contact Title Manager	
Street Address 55 Industrial Circle		City Lincoln	State RI
			Zip 02865
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 Steven A. Lancia		Manager Name	
Street Address 55 Industrial Circle		Street Address	
City Lincoln	State RI	City	State
Zip 02865		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 Paul T. DiCristofaro		Address	
Address 400 Reservoir Avenue, Suite 3G		City Providence	Zip 02907

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



File Date	G.25-03
Check No.	25631
By:	de
FOR SECRETARY OF STATE USE ONLY	

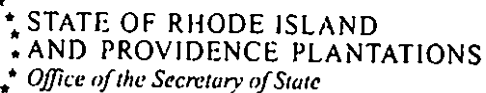
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Date

Steven A. Lancia

Print or Type Name of Authorized Person



Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-133.  
401.222.3041

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

**(FORM MUST BE TYPED OR PRINTED IN BLACK)**

1. ID No. 104494		2. Exact name of the limited liability company MOSHASSUCK RIVER, 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 DEVELOPMENT			
5. Principal office address 1117 Douglas Avenue		City North Providence		State RI	Zip 02904
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Steven A. Lancia		Contact Title Manager			
Street Address 1117 Douglas Avenue		City North Providence		State RI	Zip 02904
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 Steven A. Lancia		Manager Name			
Street Address 1117 Douglas Avenue		Street Address			
City North Providence	State RI	Zip 02904	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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 PAUL T. DICRISTOFARO, ESQ.			Address		
Address 400 RESERVOIR AVENUE, SUITE 3-1			City PROVIDENCE		Zip 02907-

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



File Date 9-17-02  
Check No. 22745  
By: Dr  
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 \_\_\_\_\_

Steven A. Lancia  
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 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 limited liability company is:  
1117 Douglas Avenue, North Providence, Rhode Island 02904
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: PAUL T. DICRISTOFARO, ESQ.  
400 RESERVOIR AVENUE, SUITE 3-1, PROVIDENCE, RI 02907
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: Steven A. Lancia  
1117 Douglas Avenue, North Providence, Rhode Island 02904
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>Steven A. Lancia</u> | <u>1117 Douglas Avenue, No. Providence, RI 02904</u> |
|                         |  |
|                         |  |

Dated 11/28/01



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.

Moshassuck River, L.L.C.

Exact Name of Limited Liability Company

By [Signature]

Steven A. Lancia, Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date: **FILED**

Check No.: **NOV 28 2001**

By: [Signature]

27439

**Filing Fee: \$50.00**

**To be filed annually between  
September 1 and November 1**

**LIMITED LIABILITY COMPANY**

**ID Number** DLLC 104494

**Annual Report for the year 2000**

1. The name of the limited liability company is:  
MOSHASSUCK RIVER, L.L.C.
2. The address of the principal office of the limited liability company is:  
1117 Douglas Avenue, North Providence, RI 02904
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: PAUL A. LANCIA, ESQ.  
48 NASHUA STREET PROVIDENCE RI 02904
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: Paul A. Lancia, 48 Nashua Street, Providence, RI 02904
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: real estate development
7. If the limited liability company has managers, the name and address of each manager of the limited liability company  
Name Address  
Paul A. Lancia 48 Nashua Street, Providence, RI 02904

**Dated** 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**

By Paul A. Lancia

***Tide***

FOR SECRETARY OF STATE USE ONLY

File Date: 11/6/02

Check No.: 2874

By: *De*

Form No. 632  
Revised 01/99