



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. 91292		2. Exact name of the limited liability company C & A DEVELOPMENT, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HOLDING COMPANY - REAL ESTATE, STOCK, ETC.	
5. Principal office address 34 Oakdale Avenue		City Johnston	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name G. Alfred Calcagni Jr. Caroline Calcagni		Contact Title Manager Manager	
Street Address 34 Oakdale Avenue		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 G. Alfred Calcagni, Jr.		Manager Name Caroline Calcagni	
Street Address 27 President Street		Street Address 27 President Street	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
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 G. ALFRED CALCAGNI, JR.		Address 34 Oakdale Avenue	
Address 34 OAKDALE AVENUE		City JOHNSTON	Zip 02919

RECEIVED

APR 29 2005

CALSON CORP.

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



File Date	9/19/05	*91292*
Check No.	231	
By:	AJ	
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 **Caroline Calcagni** Date **9/15/05**
 Print or Type Name of Authorized Person **manager**



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 91292		2. Exact name of the limited liability company C & A DEVELOPMENT, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HOLDING COMPANY - REAL ESTATE, STOCK, ETC.	
5. Principal office address 34 Oakdale Avenue		City Johnston	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name G. Alfred Calcagni, Jr. Caroline Calcagni		Contact Title manager manager	
Street Address 34 Oakdale Avenue		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 G. Alfred Calcagni, Jr.		Manager Name Caroline Calcagni	
Street Address 27 President Avenue		Street Address 27 President Avenue	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name G. ALFRED CALCAGNI, JR.		Address 34 Oakdale Avenue	
Address 34 OAKDALE AVENUE		City JOHNSTON	Zip 02919

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



* 9 1 2 9 2 *

File Date 10/25/04

Check No. 205

By: W.

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 10/20/04

Caroline Calcagni Manager

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 91292		2. Exact name of the limited liability company C & A DEVELOPMENT, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HOLDING COMPANY - REAL ESTATE, STOCK, ETC.	
5. Principal office address 34 Oakdale Avenue		City Johnston	State R. I.
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name G. Alfred Calcagni, Jr. Caroline Calcagni		Contact Title Manager Manager	
Street Address 34 Oakdale Avenue		City Johnston	State R. I.
		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 G. Alfred Calcagni, Jr.		Manager Name Caroline Calcagni	
Street Address 27 President Avenue		Street Address 27 President Avenue	
City Providence	State R. I.	Zip 02906	City Providence
			State R. I.
			Zip 02906
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name G. ALFRED CALCAGNI, JR.		Address 34 Oakdale Avenue	
Address 34 OAKDALE AVENUE		City JOHNSTON	Zip 02919

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



* 9 1 2 9 2 *

File Date 10/28/03
 Check No 177
 By Jr
 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.

(Handwritten Signature)

October 29, 2003

Signature of Authorized Person

Date

Caroline Calcagni Manager

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. 91292		2. Exact name of the limited liability company C & A DEVELOPMENT, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HOLDING COMPANY - REAL ESTATE, STOCK, ETC.			
5. Principal office address 34 Oakdale Avenue		City Johnston	State RI	Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name G. Alfred Calcagni, Jr. OR Caroline Calcagni		Contact Title Manager Manager			
Street Address 34 Oakdale Avenue		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 G. Alfred Calcagni, Jr.		Manager Name Caroline Calcagni			
Street Address 27 President Avenue		Street Address 27 President Avenue			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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 G. ALFRED CALCAGNI, JR.		Address 34 Oakdale Avenue			
Address 34 OAKDALE AVENUE		City JOHNSTON	Zip 02919		

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



* 9 1 2 9 2 *

File Date	<u>10-30-02</u>
Check No.	<u>150</u>
By:	<u>[Signature]</u>
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]
Signature of Authorized Person

10/28/02
Date

Caroline Calcagni, Manager
Print or Type Name of Authorized Person



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 91292

Annual Report for the year 2001

1. The name of the limited liability company is:

C & A DEVELOPMENT, LLC

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

34 Oakdale 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: G. ALFRED CALCAGNI, JR.

34 OAKDALE AVENUE JOHNSTON RI 02919

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: G. Alfred Calcagni, Jr. Manager

34 Oakdale 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: Real Estate

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

G. Alfred Calcagni, Jr.

34 Oakdale Avenue, Johnston, RI 02919

Caroline Calcagni

34 Oakdale Avenue, Johnston, RI 02919

Dated 10/5/01

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.



C & A Development, LLC

Exact Name of Limited Liability Company

By Caroline Calcagni

Caroline Calcagni, Manager

Title

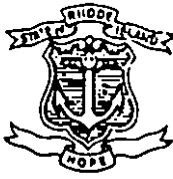
FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-11-01</u>
Check No.:	<u>116</u>
By:	<u>[Signature]</u>

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 DLIC 91292

Annual Report for the year 2000

1. The name of the limited liability company is:

C & A DEVELOPMENT, LLC

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

34 Oakdale 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: G. ALFRED CALCAGNI, JR.

34 OAKDALE AVENUE JOHNSTON RI 02919

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: G. Alfred Calcagni, Jr.

34 Oakdale 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: Investments/Real Estate

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

G. Alfred Calcagni, Jr.

34 Oakdale Avenue, Johnston, RI 02919

Caroline Calcagni

34 Oakdale Avenue, Johnston, RI 02919

Dated 9/20/00



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.

C & A Development, LLC

Exact Name of Limited Liability Company

By [Signature]

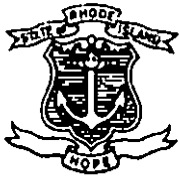
Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9/20/00

Check No.: 3010



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 91292

Annual Report for the year 1998

1. The name of the limited liability company is:

C & A DEVELOPMENT, LLC

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

34 Oakdale Avenue, Johnston, Rhode Island 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: G. ALFRED CALCAGNI, JR.

34 OAKDALE AVENUE JOHNSTON, RI 02919

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: G. Alfred Calcagni, Jr.

34 Oakdale Avenue, Johnston, Rhode Island 02919

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

Table with 2 columns: Name, Address. Rows include G. Alfred Calcagni, Jr. and Caroline Calcagni with their respective addresses.

Dated November 1, 19 98

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.



C & A Development, LLC
Exact Name of Limited Liability Company

By [Signature]

Manager Title

FOR SECRETARY OF STATE USE ONLY
File Date: 6/4/99
Check No.: 10.38
By: GAK

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 0091292

Annual Report for the year 1997

1. The name of the limited liability company is:

C & A DEVELOPMENT, LLC

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

34 OAKDALE 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: G. ALFRED CALCAGNI, JR.

34 OAKDALE AVENUE, JOHNSTON, RI 02919

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: G. ALFRED CALCAGNI, JR.

34 OAKDALE 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 COMPANY - REAL ESTATE, STOCK, ETC.

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

Name

Address

CAROLINE CALCAGNI

34 OAKDALE AVENUE, JOHNSTON, RI 02919

G. ALFRED CALCAGNI, JR.

34 OAKADLE AVENUE, JOHNSTON, RI 02919

Dated OCTOBER 20, 19 97

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.

C & A DEVELOPMENT, LLC

Exact Name of Limited Liability Company

SECRETARY OF STATE

By G. ALFRED CALCAGNI, JR.

MANAGER

Title

1510
GMA

PAD
OCT 30 1997