

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: Septer | nber 1 - i | November 1. • | Filing Fee: \$50.00 | REPORT FOR TH | E IEAK | | |
|----------------------------|-----------------------|---|---|---|---------------------------|---------------------------------------|--------|
| (FORM MUST BE TYPED | | | | | | | |
| 1. II) No. 125297 | | name of the limited liability company Neck Investments, LLC | | | | | |
| 3 State of Formation | | 4. Brief description of the character of the business which is actually conducted in Rhode Island | | | | | |
| RHODE ISLAND | DE ISLAND REAL ESTATE | | | | | | |
| 5 Principal office address | 5 | - | | City | State | | Zip |
| P.O. Box | 92 | -8- | | Charlestown | 1 KIT | | 0283 |
| | | | COMPANY AND NAME | OR TITLE OF CONTACT PE | RSON: | · · · · · · · · · · · · · · · · · · · | |
| Contact Name | | _ | | Contact Title | | | |
| DAUID | Ċ | PIULIANO | | MANAGER | | | |
| Street Address | Ω | | | City | State | | Zφ |
| P.O. | /5 | οV | | Charlestown | $-\mathcal{R}\mathcal{I}$ | - | 81868 |
| 7. NAME AND ADD | RESS OF | EACH MANAGER O | F THE LIMITED LIABI | LITY COMPANY, IF APPLICA | ABLE | | |
| AN | Y MODII | | BEFORE USING ATTAC IAGERS REQUIRES FIL | CHMENTS ("X" BOX FOR A ING OF AMENDMENT, R.I.G | | | ·52 |
| | | | Manager Name | | | | |
| Dzvid | | Frutizno | | (IAWGOO VALLE ADARTMENTS LP | | | |
| Street Address | | | Po Box 928 | | | | |
| Charlista | ~/ | State | 21p 02813 | Charlestown | State | | 202813 |
| Munager Name | | !···· | • | Manager Name | | | |
| Sirvet Address | | | | Street Address | | | |
| | | [n | 1 | | | | Ζφ |
| City | | State - | Zip | City | State | | |
| 8. RESIDENT AGEN | T IN RH | ODE ISLAND - DO I | NOT ALTER - Changes | require filing of Form 642 Address | R.I.G.L. 7-1 | 6-11 | |
| DAVID GIULIANO | | | | 5193 POST ROAD | | | |
| Address | | | City Z4p | | | | |
| P.O. BOX 928 | | | CHARLESTOWN 02813- | | | | |
| 1.0.00,000 | | | | | 1 02010 | - | |
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| | | | | | | | |
| | | | | | | | |

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

| | Under penalty of perjury. I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements |
|---------------------------------|--|
| File Date | contained herein are true and correct Signature of Authorized Petipor Date |
| FOR SECRETARY OF STATE USE ONLY | 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, RI 02903-1335 401-222-3040

Matthew A. Brown, Secretary of State

2004

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

• Filing Fee: \$50.00 Filing Period: September 1 - November 1 (FORM MUST BE TYPED OR PRINTED IN BIACK) 2. Exact name of the limited liability company //2 No 125297 **Boston Neck Investments, LLC** 3. State of Formation 4. Brief description of the character of the husiness which is actually conducted in Rhode Island RHODE ISLAND TATCState 5. Principal office address 757 T20' 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name heno State Street Address Po Gor 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPA FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Street Address Street Address Ζip Manager Name Manager Name Street Address Street Address Ζij State City State *7.4*p 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address 5193 POST ROAD **DAVID GIULIANO** Zip Address P.O. BOX 928 **CHARLESTOWN** 02813-

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



| File Date | 11/1/04 |
|-----------|---------------------------------|
| Check No. | 1504 |
| Ву: | D4 |
| | FOR SECRETARY OF STATE USE ONLY |

| Under penalty of perjury, I declare and affirm the including any accompanying schedules and sta | hat I have examined this report, tements, and that all statements. |
|---|--|
| contained herein are time and correct. | 1 |
| Jan Valle | -0 9/20/04 |
| Signature of Authorized Person | Date |
| Day:0 Gul | iano |
| 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

Corporal ons Dursion 190 North Main Street Providence, RI 02993-1335

401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR __

2003

| Filing Period: Septem FORM MUST BE TYPFD (| | • Filing Fee: \$50.00 | 9 | | | |
|---|-----------------------------|-------------------------------|--|---------------------|--------------|--|
| 1 ID No | 2 Exact name of the limited | hability company | , , , , <u>, , , , , , , , , , , , , , , </u> | - | | |
| 125297 | Boston Neck Inve | Boston Neck Investments, LLC | | | | |
| 3 State of Formation | 4. Brief description | of the character of the busin | ess which is actually conducted in Rhode Isl | lard | | |
| RHODE ISLAND | REAL | ESTATE. | | | | |
| 5. Principal office address | | D., | 6/0 | State 0 | = 2002813 | |
| 5193 POSTI | RD . P.O. BOX92 | r | CHARIESTOWN | R.I | _ 028.3 | |
| | | | IAME OR TITLE OF CONTACT PE | RSON: | · | |
| Contact Name | _ | | Contact Title | | | |
| DAUID (| PHALLULE | | MANACING ME | MBER | | |
| Nivet Address ABOUL | | | Cdy | State | Z:p | |
| | FILL IN SPA | CES BEFORE USING A | LIABILITY COMPANY, IF APPLIC STTACHMENTS ("X" BOX FOR A S FILING OF AMENDMENT, R.I.C Manager Name | ATTACHMENT) | _ | |
| DAVIA | GIULIÁNO | | | | | |
| Street Address | | | Street Address | | | |
| | P.o. B | 0x 928 | | | | |
| City. | State | Zip | City | State | Zφ | |
| CHARLESTOWN | , IRT | 62813 | | | | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| Ct_{Γ} | state | Zψ | City | State | Zip | |
| 8. RESIDENT AĞENT Agent Name | | DO NOT ALTER - Cha | nges require filing of Form 642 | - R.I.G.L. 7-1 | 5-11 | |
| DAVID GIULIANO | | | 5193 POST ROAD | | | |
| Address P.O. BOX 928 | | | CHARLESTOWN | | | |
| P.O. BOX 928 | | | CHARLESTOWN | | 02813- | |

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

| | * 1 2 5 2 9 |] |
|------------|-------------------------------|----------|
| File Date | 9-15-03 | |
| Check No _ | | |
| Ву: | | |
| FOF | R SECRETARY OF STATE USE ONLY | |

| Under penalty of perjury, I declare including any accompanying sched | | , |
|--|------|---------|
| contained herein are true and corre | | |
|)en XII | mhi | 09/02/3 |
| Signature of Kuthorned Person | Date | 0 1 10 |