



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. 125297		2. Exact name of the limited liability company Boston Neck Investments, 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	
5. Principal office address P.O. Box 928		City Charlestown	State RI
		Zip 02813	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DAVID GIULIANO		Contact Title MANAGER	
Street Address P.O. Box		City Charlestown	State RI
		Zip 02813	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE 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 David Giuliano		Manager Name Wawoon Valley Apartments, LP	
Street Address P.O. Box 928		Street Address P.O. Box 928	
City Charlestown	State RI	City Charlestown	State RI
Zip 02813		Zip 02813	
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 DAVID GIULIANO		Address 5193 POST ROAD	
Address P.O. BOX 928		City CHARLESTOWN	Zip 02813

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



File Date	11.17.05	125297
Check No.	3883	
By:	UP	
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.

David Giuliano 31 August 05
Signature of Authorized Person Date
DAVID GIULIANO
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 125297		2. Exact name of the limited liability company Boston Neck Investments, 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	
5. Principal office address Post Rd		City Charlestown	State RI
		Zip 02813	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name David Giuliano		Contact Title	
Street Address PO Box 928		City Charlestown	State RI
		Zip 02813	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE 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 Yungoo Valley Apartments LP		Manager Name	
Street Address PO Box 928		Street Address	
City Charlestown	State RI	City	State
Zip 02813		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 DAVID GIULIANO		Address 5193 POST ROAD	
Address P.O. BOX 928		City CHARLESTOWN	Zip 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 7 *

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 9/20/04

Print or Type Name of Authorized Person
David Giuliano

File Date 11/1/04

Check No. 1504

By: DA

FOR SECRETARY OF STATE USE ONLY



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
401-222-3090

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. 125297		2. Exact name of the limited liability company Boston Neck Investments, 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	
5. Principal office address 5193 POST RD. P.O. BOX 928		City CHARLESTOWN	State R.I.
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name DAVID GIULIANO Contact Title MANAGING MEMBER			
Street Address ABOVE		City	State R.I.
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE 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 DAVID GIULIANO		Manager Name	
Street Address P.O. Box 928		Street Address	
City CHARLESTOWN	State R.I.	Zip 02813	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name DAVID GIULIANO		Address 5193 POST ROAD	
Address P.O. BOX 928		City CHARLESTOWN	Zip 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 7 *

File Date	9-15-03
Check No	214
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.

[Signature] **09/02/03**
Signature of Authorized Person Date
DAVID GIULIANO
Print or Type Name of Authorized Person