



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street, Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

1. ID No. 101298		2. Exact name of the limited liability company WBR, 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 AND INVESTMENTS	
5. Principal office address TWO STAFFORD COURT		City CRANSTON	State RI Zip 02920
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DENNIS L DIPRETE		Contact Title	
Street Address TWO STAFFORD COURT		City CRANSTON	State RI Zip 02920-
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		Manager Name	
Street Address		Street Address	
City	State	Zip	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 THOMAS H. DIPRETE, ESQ.		Address TWO STAFFORD COURT	
Address		City CRANSTON	Zip 02920

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



1 0 1 2 9 8

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

Thomas H. DiPrete

Print or Type Name of Authorized Person

101298 DLLC 03/07/06 03:19:31 PM

File Date

Check No.

By:

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
401.222.3040

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. 101298		2. Exact name of the limited liability company WBR, 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 AND INVESTMENTS	
5. Principal office address TWO STAFFORD COURT		City CRANSTON	State RI Zip 02920
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name DENNIS L DIPRETE Contact Title			
Street Address TWO STAFFORD COURT		City CRANSTON	State RI Zip 02920-
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		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	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 THOMAS H. DIPRETE, ESQ.		Address TWO STAFFORD COURT	
Address		City CRANSTON	Zip 02920

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



1 0 1 2 9 8

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

Thomas H. DiPrete

Print or Type Name of Authorized Person

101298 DLLC 09/09/04 02:11:33 PM

File Date 7/5/05

Check No. 6471

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 Str
Providence, RI 02903-13
401 222 36

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. 101298		2. Exact name of the limited liability company WBR, 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 AND INVESTMENTS	
5. Principal office address TWO STAFFORD COURT		City CRANSTON	State RI
		Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DENNIS L. DIPRETE		Contact Title	
Street Address TWO STAFFORD COURT		City CRANSTON	State RI
		Zip 02920	
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		Manager Name	
Street Address		Street Address	
City	State	Zip	City
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
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 THOMAS H. DIPRETE, ESQ.		Address	
Address TWO STAFFORD COURT		City CRANSTON	Zip 02920

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



* 1 0 1 2 9 8 *

File Date	10/20/03
Check No.	1030
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] **9/12/03**
Signature of Authorized Person Date
DENNIS L. DIPRETE
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401 222.3040

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 *101298*		2. Exact name of the limited liability company WBR, 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 AND INVESTMENTS	
5. Principal office address TWO STAFFORD COURT		City CRANSTON	State RI Zip 02920
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DENNIS L. DIPRETE		Contact Title	
Street Address TWO STAFFORD COURT		City CRANSTON	State RI Zip 02920-
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE BILL IN SPACES BEFORE USING ATTACHMENTS. (X) BOX FOR ATTACHMENT ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (b) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	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 THOMAS H. DIPRETE, ESQ.		Address TWO STAFFORD COURT	
Address		City CRANSTON	Zip 02920

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



* 1 0 1 2 9 8 *

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

9/12/02
Date

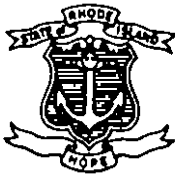
Dennis L. DiPrete

Print or Type Name of Authorized Person

101298 DLLC9/12/0211:01:10 AM
File Date 9-18-02
Check No. 1013
By:
FOR SECRETARY OF STATE USE ONLY

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 101298

Annual Report for the year 2001

1. The name of the limited liability company is:

WBR, LLC

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

75 Sockanosset Crossroad Cranston, RI 02920

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: THOMAS H. DIPRETE DiPrete Law Office

DIPRETE LAW OFFICES 75 SOCKANOSSET CROSSROAD CRANSTON RI 02920

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: Thomas H. DiPrete, Esquire

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate and Investments

- 7.** If the limited liability company has managers, the name and address of each manager of the limited liability company
- | <i>Name</i> | <i>Address</i> |
|-------------|----------------|
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Dated _____



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.

WR LLC

Exact Name of Limited Liability Company

By

Title

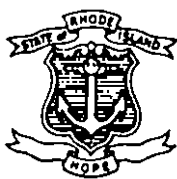
Form No. 632
Revised 01/99

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 obtained by contacting this office at 401-222-3040, or from our web site at www.state.ct.us

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 101298

Annual Report for the year 2000

1. The name of the limited liability company is:

WBR, LLC

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

75 SOCKANOSSET CROSSROAD, CRANSTON, RI 02920

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: THOMAS H. DIPRETE, DIPRETE LAW OFFICE

75 SOCKANOSSET CROSSROADS CRANSTON RI 02920

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: THOMAS H. DIPRETE

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: REAL ESTATE AND INVESTMENTS

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

<i>Name</i>	<i>Address</i>
_____	_____
_____	_____
_____	_____

Dated _____



1 0 1 2 9 8

PAID

FOR SECRETARY OF STATE USE ONLY

File Date:

OCT 04 2000

Check No.:

SECY OF STATE

By:

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.

WBR, LLC

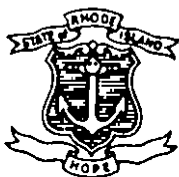
Exact Name of Limited Liability Company

By

Thomas H. Diprete
Registered Agent
Title

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 LL 101298

Annual Report for the year 1999

1. The name of the limited liability company is:
WBR, LLC
2. The address of the principal office of the limited liability company is:
75 Sockanosset Crossroad, Cranston, RI 02920
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: THOMAS H. DIPRETE
75 SOCKANOSSET CROSSROADS CRANSTON, RI 02920
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: 75 Sockanosset Crossroad, Cranston, RI 02920 ATTN: Karen King
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Investment
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address

Dated



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.

WBR, LLC

Exact Name of Limited Liability Company

By Thomas H. Diprete

Resident Agent
Title

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File Date:	NOV 12 1999
Check No.:	101298
By:	SECY OF STATE

Form No. 632
Revised 01/99