



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. 108298		2. Exact name of the limited liability company ZURI PROPERTIES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE & SALE OF REAL PROPERTY	
5. Principal office address C/O MILLER CAINE 40 WESTMINSTER ST		City PROVIDENCE	State RI Zip 02903-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name ALFREDO GONCALVES		Contact Title MANAGER	
Street Address 40 WESTMINSTER STREET, SUITE 305		City PROVIDENCE	State RI Zip 02903-
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 ALFREDO GONCALVES		• Manager Name .	
Street Address 72 MILLER AVENUE		• Street Address .	
City PROVIDENCE	State RI	Zip 02907	• 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 JOSEPH R. MILLER, ESQ.		Address 40 WESTMINSTER STREET, SUITE 305	
Address .		City PROVIDENCE	Zip 02903

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



1 0 8 2 9 8

\*108298 DLLC 10/25/05 01:03:01 PM\*

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

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.

*Alfredo Goncalves*  
Signature of Authorized Person Date

ALFREDO GONCALVES, MANAGER

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 Div.  
100 North Main St  
Providence, RI 02903-1  
401.222.3

**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 <b>108298</b>		2. Exact name of the limited liability company <b>ZURI PROPERTIES, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>PURCHASE &amp; SALE OF REAL PROPERTY</b>	
5. Principal office address <b>40 Westminster Street, Suite 305</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02903</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <b>Alfredo Goncalves</b> Contact Title <b>Manager</b>			
Street Address <b>40 Westminster Street, Suite 305</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02903</b>	
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 <b>Alfredo Goncalves</b>		Manager Name	
Street Address <b>72 Miller Avenue</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02907</b>		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 <b>JOSEPH R. MILLER, ESQ.</b>		Address	
Address <b>40 WESTMINSTER STREET, SUITE 305</b>		City <b>PROVIDENCE</b>	Zip <b>02903</b>

**FILED**

**OCT 29 2004**

By Kunc

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

C48711



\* 1 0 8 2 9 8 \*

File Date _____
Check No. _____
By: _____
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.

Alfredo Goncalves  
Signature of Authorized Person Date

**Alfredo Goncalves, Manager**

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 Div.  
100 North Main St  
Providence, RI 02903-1  
401 222 3

# 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 <b>108298</b>		2. Exact name of the limited liability company <b>ZURI PROPERTIES, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>PURCHASE &amp; SALE OF REAL PROPERTY</b>	
5. Principal office address <b>40 Westminster Street, Suite</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02903</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: <b>Alfredo Goncalves</b> Contact Title: <b>Manager</b>			
Street Address <b>40 Westminster Street, Suite 305</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02903</b>	
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 <b>Alfredo Goncalves</b>		Manager Name	
Street Address <b>72 Miller Avenue</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02907</b>		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 <b>JOSEPH R. MILLER, ESQ.</b>		Address	
Address <b>40 WESTMINSTER STREET, SUITE 305</b>		City <b>PROVIDENCE</b>	Zip <b>02903</b>

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



\* 1 0 8 2 9 8 \*

File Date 12-19-03  
Check No 4166  
By 2  
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.

Alfredo Goncalves 12/18/03  
Signature of Authorized Person Date  
**Alfredo Goncalves**  
**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. <b>108298</b>		2. Exact name of the limited liability company <b>ZURI PROPERTIES, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>PURCHASE &amp; SALE OF REAL PROPERTY</b>	
5. Principal office address <b>40 Westminster Street, Suite 305</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02903</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Alfredo Goncalves</b>		Contact Title <b>Manager</b>	
Street Address <b>70 Westminster Street, Suite 305</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02903</b>	
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 <b>Alfredo Goncalves</b>		Manager Name	
Street Address <b>72 Miller Avenue</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02907</b>		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 <b>JOSEPH R. MILLER, ESQ.</b>		Address	
Address <b>40 WESTMINSTER STREET, SUITE 305</b>		City <b>PROVIDENCE</b>	Zip <b>02903</b>

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



\* 1 0 8 2 9 8 \*

**FILED**

File Date **NOV 08 2002**  
Check No. **108298**  
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]**  
Signature of Authorized Person Date **11/6/02**  
**Alfredo Goncalves, Manager**  
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 DLIC 108298

Annual Report for the year 2000

1. The name of the limited liability company is:  
ZURI PROPERTIES, LLC
2. The address of the principal office of the limited liability company is:  
c/o Miller & Caine, L.L.P., 40 Westminster Street, Suite 305, Providence, RI 02903
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: JOSEPH R. MILLER, ESQ.  
40 WESTMINSTER STREET, SUITE 305 PROVIDENCE RI 02903
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: c/o Miller & Caine, L.L.P., 40 Westminster Street, Suite 305,  
Providence, RI 02903; Attn: Maria J.R. Goncalves
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Purchase and sale of real property and other items; all other lawful activity
7. If the limited liability company has managers, the name and address of each manager of the limited liability company  

Name	Address
<u>Alfredo Goncalves</u>	<u>168 Sumter Street, Providence, RI 02907</u>
<u>Maria J.R. Goncalves</u>	<u>c/o Miller &amp; Caine, L.L.P., 40 Westminster Street,</u> <u>Suite 305, Providence, RI 02903.</u>

Dated October 31, 2000



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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.

ZURI PROPERTIES, LLC

Exact Name of Limited Liability Company

By Maria J.R. Goncalves  
Manager

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<b>NOV 03 2000</b>
Check No.:	<u>By 2760</u>
By:	