

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

I. ID No.	2. Exc	PRINTED IN BLACK	liabilty company		<u> </u>	<u> </u>
108298	ZUR	RI PROPERTIES,	LLC			
3. State of Formatt		4. Brief description	of the character of the	business which is actually conducted	d in Rhode Island	
RHODE ISLA	_	PURCHASE & S	ALE OF REAL P	ROPERTY		
5. Principal office				City	State	Zip
C/O MILLER CAINE 40 WESTMINSTER ST				PROVIDENCE	RI	02903-
6. MAILING A Contact Name	DDRESS.	OF LIMITED LIA	BILITY.COMPA	NYAND NAMEORITHLE	OF CONTACT	PERSON
	ONCALVES			Contact Title MANAGER		
Street Address				City	State	To:
		EET, SUITE 30		PROVIDENCE	RI	<i>Ztp</i> 02903-
190				IMITED LIABILITY GOM ATTACHMENTS (XX BOX F RES FILING OF AMENDMENT)		GABLE TO THE STATE OF THE STATE
Manager Name			,	Manager Name		(2)
ALFREDO GON	CALVES	 		•		
Sircei Address 72 MILLER A	VENUE			· Street Address		
City	AFMOF	State	Ztp	4 Cin		
PROVIDENCE		RI	02907	City	State	Zip
Manager Name	••••	••••••	• • • • • • • • • •	Manager Name	••••	
Freet Address						<u></u>
				Street Address		
Htty	_	State	Ztp	City	State	Zip
DESIDENT OF	NEW TANKS			•		I *
RESIDENT AC	ENTIN'R	HODE IS INVESTO	 ONOTIALTER: Cha	anges require filing of Fo	om 642 - R.I.G.	I *
•			ONOTIALTER CIT	Address		0.74(6-1):
JOSEPH R. M			 ONOTIALTER: Chr	40 WESTMINSTER		U-7-316-311
JOSEPH R. M			 ONOTIALTER: Chi	40 WESTMINSTER City		TE 305
JOSEPH R. M) ONOTIALTER: Cha	40 WESTMINSTER		U-7-316-311
JOSEPH R. MI	ILLER, ES	SQ.		40 WESTMINSTER City		TE 305
JOSEPH R. MI	ILLER, ES	SQ.		40 WESTMINSTER City PROVIDENCE ursuant to 7-16-66.	STREET, SUI	I. 7:16-11 ITE 305 Ztp 02903
his report must	be signed	în înk by an aut. 2 9 8		40 WESTMINSTER City PROVIDENCE Ursuant to 7-16-66.	STREET, SUI	affirm that I have examined a schedules and statements.
his report must	be signed	în înk by an aut. 2 9 8		40 WESTMINSTER City PROVIDENCE Under penalty of perjustric report, including	STREET, SUI	affirm that I have examined a schedules and statements.
JOSEPH R. Middress his report must	be signed	în înk by an aut. 2 9 8		40 WESTMINSTER City PROVIDENCE Under penalty of perjustric report, including	STREET, SUI	affirm that I have examined a schedules and statements, are true and correct.
JOSEPH R. Middress his report must 108298 DLLC file Date heck No.	be signed	în înk by an aut. 2 9 8		Under penalty of perjoining and that all statement	iury, I declare and any accompanyings contained herein	affirm that I have examined g schedules and statements, are true and correct.
JOSEPH R. Mi	be signed 1 0 8	in ink by an aut. 2 9 8 01:03:01 PM*		Under penalty of perjoining and that all statement	STREET, SUI	affirm that I have examined a schedules and statements, are true and correct.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

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

LIMITED LI Filing Period: Septe (FORM MUST BE TYPE	ABILITY CO	MPANY ANNUA Filing Fee: \$50.00	L REPORT FOR T	HE YEAR	2004		
1. ID No 108298		name of the limited liability company					
3. State of Formation RHODE ISLAND	4. Brief descripti		is which is actually conducted in Rhed	e island			
6. MAILING ADDRE Contact Name Alfredo Got	ster Street, Su ss of limited liabi	ite 305 LITY COMPANY AND NA	Providence AME OR TITLE OF CONTACT Contact Title Manager	State RI PERSON:	7.ip 02903		
/ NAME AND ADDI		GER OF THE LIMITED LI	City Providence ABILITY COMPANY, IF APPLITACHMENTS ("X" BOX FOIL FILING OF AMENDMENT, R.I		02903		
Alfredo Gon			Manager Name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 7-10-32		
Sirve Address 72 Miller A	venue		Street Address				
City Providence	State RI	Zip 02907	City	State	Zip		
Manager Name		***************************************	Manager Name				
Street Address			Strict Address				
City	State	Zip	Cuy	State	Zip		
JOSEPH R. MILLER, ES		DO NOT ALTER - Change	es require filing of Form 64	 2 - R.I.G.L. 7-16-11	,		
40 WESTMINSTER STREET, SUITE 305			PROVIDENCE	Zip 0290	33		
				FILED			
				OCT 29 2004			

By_ Km

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

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ile Date	
Duit	
heck No	
	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

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 Du4. 100 North Main St Providence, RI 02903-1 401 222 3

LIMITED LIABILITY COMPANY ANNUAL REPORT

1 1D No	O OR PRINTED IN BLACK		_			
108298	ZURI PROPEI	t name of the limited liability company ZURI PROPERTIES, LLC				
3 State of Formation			mess which is actually conducted in Rbox	h blood		
RHODE ISLAND PURCHASE & SALE OF REAL PRO				/		
5 Principal office addre			City	State	···	
40 Westminster Street, Suite 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND Contact Name			Provider	Ī	zφ . 02903	
	Goncalves		Contact Tale Manager	I ERSON;		
40 Westm	inster Street,		<i>cu:</i> Providence	State RI	Zip 02903	
			: LIABILITY COMPANY, IF APPI ATTACHMENTS ("X" BOX FO ES FILING OF AMENDMENT, R.			
Alfredo Street Address	Goncalves		Manager Name Street Address		- / 7-16-52 	
Alfredo Street Address 72 Mille	Goncalves r Avenue		Manager Name		7 7-16-52	
Alfredo Street Address 72 Mille Cuy Providen	Goncalves r Avenue	Ζφ 02907	Manager Name	State	Zip	
Alfredo Street Address 72 Mille	Goncalves r Avenue	Zıp	Manager Name Street Address			
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Alfredo Street Address 72 Mille City Providen Manager Name	Goncalves r Avenue	Zıp	Manager Name Street Address Cus Manager Name		Zip	
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Alfredo Street Address 72 Mille Cuy Providen Manager Name Street Address Cuy	Goncalves r Avenue ce State RI State IN RHODE ISLAND	Ζφ 02907 	Manager Name Street Address City Manager Name Street Address	State State	Zip	

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

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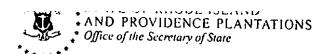
FOR SECRETARY OF STATE USE ONLY

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 Alfredo Goncalves

Maĥager

Print or Type Name of Authorized Person



Edward S. Inman, III, Secretary of Sta Corporations Division 100 North Main Street, Providence, RI 02903-135

orth Main Street, Providence, RI 02903-135 401.222.304

Filing Period: Se	7		NII. IIII		R _2002
(FORM MUST BE T	YPED OR PRINTED IN BI	LACK)			
I. ID No.	2. Exact name of the l.	imited liabilty company			
108298	ZURI PROPERTIES				
3. State of Formation	4. Brief descri	iption of the character of th	e business which is actually conducted	in Rhode Island	
RHODE ISLAND	PURCHAS	E & SALE OF REAL PR	OPERTY		
5. Principal office a			City	State	Zip
_ 40 Westmir	ister Street, Su	ite 305	Providence	RI	00000
6. MAILING AD	DRESS OF LIMITED	LIABILITY COMP	ANY AND NAME OR TITLE	OF CONTACT PERSO	02903
Community marrie		A CONTRACTOR OF THE CONTRACTOR	Contact Title	OI CONTACT PERS	UN:
Alfredo Go	ncalves		• Manager		
Street Address			City	State	Zip
_70_Westmin	ster_Street,_Su	ite 305	Providence	57	·
7. NAME AND AT	DDRESS OF EACH M.	ANAGER OF THE LI	MITED LIABILITY COMPA	RI	02903
	FILL INS	PACES BEFORE USING	ATTACHMENTS ("X" ROY	FOR ATTACHMENT	•
	ANY MODIFICATIONS	S TO MANAGERS REQU	JIRES FILING OF AMENDMENT. R	UG 1.7-18-12 (a) (2) 1.7-	16 50
Manager Name			• Manager Name		10-52
Alfredo Go	ncalves		•		
Street Address			• Street Address		
72 Miller	•				
	Avenue		•		
City		1710	•		
City	State	Zip	*City	State	Zip
City Providence	State	Zip	•	State	Zip
City Providence Manager Name	State		City	State	Zip
City Providence Manager Name	State		City	State	Zip
City Providence Manager Nume Street Address	State]02907.	*City *Manager Name *Street Address		
City Providence Manager Nume Street Address	State		*City *Manager Name	State	Zip
City Providence Manager Name Street Address City	State RI State	Zip	*City *Manager Name *Street Address *City	State	Zip
City Providence Manager Name Street Address City 8. RESIDENT AG	State RI State	Zip	*Manager Name *Street Address City Langes require filling of Fo	State	Zip
City Providence Manager Name Street Address City 8. RESIDENT AGI Igent Name	State RI State State	Zip	*City *Manager Name *Street Address *City	State	Zip
City Providence Manager Name Street Address City 8. RESIDENT AGI Igent Name JOSEPH R. MILLER	State RI State State	Zip	*Manager Name *Street Address City Langes require filling of Fo	State	Zip
City Providence Manager Name Street Address City 8. RESIDENT AGI gent Name JOSEPH R. MILLER Address	State RI State State State ENT IN RHODE ISLAN	Zip	*Manager Name *Street Address City Langes require filling of Fo	State	Zip
City Providence Manager Name Street Address City 8. RESIDENT AGI Agent Name	State RI State State State ENT IN RHODE ISLAN	Zip	**City **Manager Name **Street Address **City Langes require filing of Form **Address	State rm 642 - R.I.G.L. 7-16-	Ζίρ

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



	FILED
File Date	
Check No.	1 NOV 0 8 2002
B <u>y;</u>	By
FOR SECRE	ETARY 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 Joshorized Person Date

Alfredo Goncalves, Manager Print or Type Name of Authorized Person

11602



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

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ID	Number	DLL	C 1	10	8298

	DELO TODESO	Annual Report for the year 2001				
1.	The name of the limited liability compar	ny is:				
	ZURI PROPERTIES, LLC					
2.	The address of the principal office of th	e limited liability company is:				
	40 Westminster Street, Suite	e 305, Providence, RI 02903-2525				
3.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND					
4.						
	40 WESTMINSTER STREET, SUITE					
5.	The current mailing address of the limit	ed liability company and the name or title of a person to whom communication				
		1653, Providence, RI 02901-1653				
	Attn: Ali	fredo Goncalves				
7.	state: Purchase and sale of re	the business in which the limited liability company is actually engaged in this eal property and other items; all other lawful activity agers, the name and address of each manager of the limited liability company Address 168 Sumter Street, Providence, RI 02907				
Dat	1 0 8 2 9 8 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. ZURI PROPERTIES, LLC Exact Name of Limited Liability Company By A. J.				
	Date: 8/24/200/ ek No.: 1586	Alfredo Goncalves, Manager				
Ву:	2/2	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.ri.us Filing Fee: \$50.00

To be filed annually between September 1 and November 1

Revised 01/99



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 Nun	nber DLLC 108298	Annual Report for the year 2000
1. The	name of the limited liability of	company is:
ZUR	I PROPERTIES, LLC	
2. The	address of the principal offic	e of the limited liability company is:
		P., 40 Westminster Street, Suite 305, Providence, RI 02903
3. The	state or other jurisdiction und	ler the laws of which it is formed is RHODE ISLAND
4. The i	name and address of its resid	dent agent is: JOSEPH R. MILLER, ESQ.
		JITE 305 PROVIDENCE RI 02903
		e limited liability company and the name or title of a person to whom communication
6. A brie state: 7. If the !	of statement of the character Purchase and sale of	ler & Caine, L.L.P., 40 Westminster Street, Suite 305, ttn: Maria J.R. Goncalves r of the business in which the limited liability company is actually engaged in this real property and other items; all other lawful activity managers, the name and address of each manager of the limited liability company Address 168 Sumter Street, Providence, RI 02907 c/o Miller & Caine, L.L.P., 40 Westminster Street
	October 3 2000	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
File Date: Check No.:	NOV 03 2000 By Ca 2760	Maria J. R. Goncalves Manager
By:	- 0	Title Form No. 632