Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040 Imited Liability Company Annual Report Tiling Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to te its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. ANNUAL REPORT YEAR: 2009 1. ID No. 000124955 2. Exact Name of the Limited Liability Company FMCE_LLC 3. State of Formation State: RI 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE 5. Principal Office Address No. and Street: 211 COLUMBUS AVENUE City or Town: PAWTUCKET State: RI Zit COLUMBUS AVENUE City or Town: 211 COLUMBUS AVENUE City or Town: Contact Name: GLENDON M. ELLOTT II Contact Title: Mailing Address of Labidity Company of the Limited Liability Company, if Applicable. Do NULIST MEMBERS Title Individual Name Address, City or Town, PAWTUCKET State: RI Do NOT LIST MEMBERS Address Title Individual Name <t< th=""><th>PH M</th><th>State of Rhod</th><th>e Island and Provider</th><th>nco Plantation</th><th>IS Fee: \$50</th></t<>	PH M	State of Rhod	e Island and Provider	nco Plantation	IS Fee: \$50
148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040 Imited Liability Company Iming Period' September 1 - November 1 na coordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to the its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 1-6-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2009	R. C.				1 5 Fee. \$50
Has W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040 Imited Liability Company Imited Liability Company Imited Liability Company Imited Liability Company failing or refusing to the its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 16-66(b&o) is subject to a penalty fee of \$25.00 ANNUAL REPORT YEAR: 2009 1 1. ID No. 000124955 2. Exact Name of the Limited Liability Company FMCE, LLC 3. State of Formation State: RI State: RI 4. ID COLUMBUS AVENUE Country: USA A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE Sprincipal Office Address Noi. and Street: 211 COLUMBUS AVENUE Country: USA Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: GLENDON M. ELLIOTT II Contact Title: MANAGER Address of Each Manager of the Limited Liability Company, if Applicable. Ontact Name: GLENDON M. ELLIOTT II Address of Each Manager of the Limited Liability Company, if Applicable. Country: USA T		G			
Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040 imited Liability Company mula Report imited Liability Company mula Report imited Liability Company mula Report imited Period: September 1 - November 1 accordance with R.I.G.L. 7-16-66(b8(d), each limited liability company failing or refusing to e its annual report within thirty (20) days after the time prescribed by law (R.I.G.L. -16-66(b8c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2009 1. ID No. 000124955 2. Exact Name of the Limited Liability Company FMCE, LLC 3. State of Formation State: Rl 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE 5. Principal Office Address vio, and Street: 211 COLUMBUS AVENUE 210 yor Town: PAWTUCKET State: Rl Zip: 02862 Country: USA 3. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>GLENDON M. ELLIOT II</u> Contact Title: <u>MANAGER</u> Vio, and Street: 211 COLUMBUS AVENUE Zip: 02862 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, S			-		
Telephone: (401) 222-3040 Imited Liability Company Imige Period: September 1 - November 1 accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to e its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 16-66(b&c)) is subject to a penalty fee of \$25.00. NNUAL REPORT YEAR: 2009 In D.No. 000124955 Exact Name of the Limited Liability Company FMCE, LLC State of Formation State: RI Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE Principal Office Address Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>GLENDON M. ELLIOTT II</u> Contact Title: <u>MANAGER</u>	v	Duorri		1 2615	
imited Liability Company mual Report imited Liability Company September 1 - November 1	6				
Imp Period: September 1 - November 1 Paccordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to e its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. -16-66(b&c)) is subject to a penalty fee of \$25.00. NNUAL REPORT YEAR: 2009 I. ID No. 000124955 E. Exact Name of the Limited Liability Company FMCE, LLC 3. State of Formation State: Ri 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE 5. Principal Office Address No. and Street: 211 COLUMBUS AVENUE City or Town: PAWTUCKET State: Ri Zip: 02862 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Name: <u>CLENDON M. ELLIOTT II</u> Contact Title: MANAGER No. and Street: 211 COLUMBUS AVENUE City or Town: PAWTUCKET State: RI Zip: 02862 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Address, City or Town, State, Zip Code, Country Title Individual Name Address, Address, City or Town, State, Zip Code, Country MANAGER <td>stary of</td> <td></td> <td>Telephone. (401) 222-304</td> <td>0</td> <td></td>	stary of		Telephone. (401) 222-304	0	
Hing Period. September 1 - November 1 Paccordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to the its annual report within thirty (30) days after the time prescribed by law (R.I.G.L16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2009 1. ID No. 000124955 2. Exact Name of the Limited Liability Company FMCE, LLC 3. State of Formation State: RI 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE 5. Principal Office Address No. and Street: 211 COLUMBUS AVENUE City or Town: PAWTUCKET State: RI 3. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: GLENDON M. ELLIOT II Contact Title: MANAGER No. and Street: 211 COLUMBUS AVENUE City or Town: PAWTUCKET State: RI Xu and Street: 211 COLUMBUS AVENUE City or Town: PAWTUCKET State: RI Xu and Street: 211 COLUMBUS AVENUE Contact Name: GLENDON M. ELLIOTT II Contact Title: MANAGER No. and Street: 211 COLUMBUS AVENUE City or Town: PAWTUCKET State: RI< Zip: 02862	imited Liability	Company			
A accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to a lis annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2009 I. ID No. 000124955 2. Exact Name of the Limited Liability Company <u>FMCE, LLC</u> 3. State of Formation State: RI 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE 5. Principal Office Address No. and Street: 211 COLUMBUS AVENUE City or Town: PAWTUCKET State: RI Zip: 02862 Country: USA 5. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>GLENDON M. ELLIOTT II</u> Contact Title: <u>MANAGER</u> No. and Street: 211 COLUMBUS AVENUE City or Town: PAWTUCKET State: RI Zip: 02862 Country: USA 5. Mailing Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS					
e its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2009 1. ID No. 000124955 2. Exact Name of the Limited Liability Company FMCE, LLC 3. State of Formation State: RI 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE 5. Principal Office Address No. and Street: 211 COLUMBUS AVENUE Sty or Town: PAWTUCKET State: RI ZIP: 02862 Country: USA 5. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: GLENDON M. ELLIOTT II Contact Title: MANAGER No. and Street: 211 COLUMBUS AVENUE State: RI ZIP: 02862 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Address City or Town, State, ZIP COLUMBUS AVENUE Title Individual Name Address Address, City or Town, State, ZIP COLUMBUS AVENUE Country: USA	iling Period: Septer	nber 1 - November 1			
Interference Interference Interference Interference In DNo. 000124955 Interference Interference Interference Interference Interference Interference Interference Intere Intere Interfere	accordance with	R.I.G.L. 7-16-66(d), eact	h limited liability company fa	iling or refusing to)
ANNUAL REPORT YEAR: 2009 I. ID No. 000124955 2. Exact Name of the Limited Liability Company FMCE, LLC 3. State of Formation State: RI 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE 5. Principal Office Address No. and Street: 211 COLUMBUS AVENUE City or Town: PAWTUCKET State: RI Zip: 02862 Country: USA 3. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: GLENDON M. ELLIOTT II Contact Title: MANAGER No. and Street: 211 COLUMBUS AVENUE City or Town: PAWTUCKET State: RI Zip: 02862 Country: USA 3. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: GLENDON M. ELLIOTT II Contact Title: MANAGER No. and Street: 211 COLUMBUS AVENUE City or Town: PAWTUCKET State: RI Zip: 02862 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER GLENDON M ELLIOTT II 211 COLUMBUS AVENUE				aw (R.I.G.L.	
In DNo. 000124955 2. Exact Name of the Limited Liability Company FMCE, LLC 3. State of Formation State: RI 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE 5. Principal Office Address No. and Street: 211 COLUMBUS AVENUE City or Town: PAWTUCKET State: RI Zip: 02862 Country: USA 5. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: GLENDON M. ELLIOTT II Contact Title: MANAGER 211 COLUMBUS AVENUE City or Town: PAWTUCKET State: RI Zip: 02862 Country: USA S. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Name: GLENDON M. ELLIOTT II Contact Title: MANAGER V. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address. First, Middle, Last, Suffix Address. City or Town, State, Zip Code, Country MANAGER GLENDON M ELLIOTT II 211 COLUMBUS AVENUE	-16-66(b&c)) is sub	ject to a penalty fee of \$	\$25.00.		
2. Exact Name of the Limited Liability Company FMCE, LLC 3. State of Formation State: Rl 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE 5. Principal Office Address No. and Street: 211 COLUMBUS AVENUE City or Town: PAWTUCKET State: RI zip: 02862 Country: USA 8. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: GLENDON M. ELLIOTT II Contact Title: MANAGER No. and Street: 211 COLUMBUS AVENUE Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address Address, City or Town, State, Zip Code, Country MANAGER GLENDON M ELLIOTT II 211 COLUMBUS AVENUE	ANNUAL REPORT	YEAR: <u>2009</u>			
2. Exact Name of the Limited Liability Company FMCE, LLC 3. State of Formation State: RI 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE 5. Principal Office Address No. and Street: 211 COLUMBUS AVENUE City or Town: PAWTUCKET State: RI Zip: 02862 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: GLENDON M. ELLIOTT II Contact Title: MANAGER State: RI Zip: 02862 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Country: USA Address Title Individual Name First, Middle, Last, Suffix Address Address MANAGER GLENDON M ELLIOTT II 211 COLUMBUS AVENUE	1. ID No. 0001	24955			
3. State of Formation State: RI 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE 5. Principal Office Address No. and Street: 211 COLUMBUS AVENUE City or Town: PAWTUCKET State: RI Zip: 02862 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: GLENDON M. ELLIOTT II Contact Title: MANAGER GLENDON M. ELLIOTT II Contact Title:					
State: RI 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE S. Principal Office Address S. Principal Office Address No. and Street: 211 COLUMBUS AVENUE PAWTUCKET S. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: GLENDON M. ELLIOTT II Contact Title: MANAGER 211 COLUMBUS AVENUE City or Town: PAWTUCKET State: RI Zip: 02862 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Name: GLENDON M. ELLIOTT II Contact Title: MANAGER No. and Street: 211 COLUMBUS AVENUE Country: USA Contact Name: GLENDON M. ELLIOTT II Contact Title: MANAGER Name and Address of Each Manager of the Limited Liability Company, if Applicable. Country: USA Title Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER GLENDON M ELLIOTT II 211 COLUMBUS AVENUE	2. Exact Name of	the Limited Liability (Company <u>FMCE, LLC</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE 5. Principal Office Address No. and Street: 211 COLUMBUS AVENUE City or Town: PAWTUCKET State: RI Zip: 02862 Country: USA S. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: GLENDON M. ELLIOTT II Contact Title: MANAGER 211 COLUMBUS AVENUE City or Town: PAWTUCKET State: RI Zip: 02862 Country: USA State: RI Zip: 02862 Country: USA Anager State: RI Zip: OD NOT LIST MEMBERS Country: Title Individual Name First, Middle, Last, Suffix Address Address, City or Town, State, Zip Code, Country MANAGER GLENDON M ELLIOTT II	3. State of Forma	tion			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE 5. Principal Office Address No. and Street: 211 COLUMBUS AVENUE City or Town: PAWTUCKET S. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: GLENDON M. ELLIOTT II Contact Title: MANAGER Zip: 02862 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address. First, Middle, Last, Suffix Address. Address. MANAGER GLENDON M. ELLIOTT II 211 COLUMBUS AVENUE	State: RI				
REAL ESTATE 5. Principal Office Address 5. Principal Office Address No. and Street: 211 COLUMBUS AVENUE City or Town: PAWTUCKET State: RI Zip: 02862 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: GLENDON M. ELLIOTT II Contact Title: MANAGER 211 COLUMBUS AVENUE City or Town: PAWTUCKET State: RI Zip: 02862 Country: USA Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: GLENDON M. ELLIOTT II Contact Title: MANAGER State: RI Zip: 02862 Country: USA State: RI Zip: Zip: 02862 Country: USA Zip: 02862 Country: USA Zip: 02862 Country: USA Zip: 02862 Country: USA Zip: 02862 Country:					
City or Town: PAWTUCKET State: RI Zip: 02862 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: GLENDON M. ELLIOTT II Contact Title: MANAGER No. and Street: 211 COLUMBUS AVENUE State: RI Zip: 02862 Country: USA City or Town: PAWTUCKET State: RI Zip: 02862 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. Country: USA Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER GLENDON M ELLIOTT II 211 COLUMBUS AVENUE		n of the Character of t	he Business Which is Act	ually Conducted	I in Rhode Island
City or Town: PAWTUCKET State: RI Zip: 02862 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: GLENDON M. ELLIOTT II Contact Title: MANAGER No. and Street: 211 COLUMBUS AVENUE State: RI Zip: 02862 Country: USA City or Town: PAWTUCKET State: RI Zip: 02862 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. Country: USA MANAGER Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER GLENDON M ELLIOTT II 211 COLUMBUS AVENUE	REAL ESTATE		he Business Which is Act	ually Conducted	I in Rhode Island
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: GLENDON M. ELLIOTT II Contact Title: MANAGER 211 COLUMBUS AVENUE No. and Street: 211 COLUMBUS AVENUE City or Town: PAWTUCKET State: RI Zip: 02862 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name First, Middle, Last, Suffix Address Address, City or Town, State, Zip Code, Country MANAGER GLENDON M ELLIOTT II	REAL ESTATE	Address		ually Conducted	I in Rhode Island
Contact Name: GLENDON M. ELLIOTT II Contact Title: MANAGER No. and Street: 211 COLUMBUS AVENUE State: RI Zip: 02862 Country: USA City or Town: PAWTUCKET State: RI Zip: 02862 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Address Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER GLENDON M ELLIOTT II 211 COLUMBUS AVENUE	REAL ESTATE 5. Principal Office No. and Street:	Address <u>211 COLUMBUS A</u>	VENUE		
No. and Street: City or Town: 211 COLUMBUS AVENUE PAWTUCKET State: RI Zip: 02862 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name First, Middle, Last, Suffix Address Title Individual Name First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER GLENDON M ELLIOTT II 211 COLUMBUS AVENUE	REAL ESTATE 5. Principal Office No. and Street:	Address <u>211 COLUMBUS A</u>	VENUE		
No. and Street: City or Town: 211 COLUMBUS AVENUE PAWTUCKET State: RI Zip: 02862 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER GLENDON M ELLIOTT II 211 COLUMBUS AVENUE	REAL ESTATE 5. Principal Office No. and Street: City or Town:	Address 211 COLUMBUS A PAWTUCKET	<u>.VENUE</u> State: <u>RI</u>	Zip: <u>02862</u>	Country: <u>USA</u>
City or Town: PAWTUCKET State: RI Zip: 02862 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Address Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER GLENDON M ELLIOTT II 211 COLUMBUS AVENUE	REAL ESTATE 5. Principal Office No. and Street: City or Town: 6. Mailing Addres	Address <u>211 COLUMBUS A</u> <u>PAWTUCKET</u> s of Limited Liability C	<u>VENUE</u> State: <u>RI</u> Company and Name or Tit	Zip: <u>02862</u>	Country: <u>USA</u>
Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER GLENDON M ELLIOTT II 211 COLUMBUS AVENUE	REAL ESTATE 5. Principal Office No. and Street: City or Town: 6. Mailing Addres Contact Name: G	Address 211 COLUMBUS A PAWTUCKET s of Limited Liability C _ENDON M. ELLIOTT II	<u>VENUE</u> State: <u>RI</u> Company and Name or Tit Contact Title: <u>MANAGER</u>	Zip: <u>02862</u>	Country: <u>USA</u>
DO NOT LIST MEMBERS Individual Name Address Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER GLENDON M ELLIOTT II 211 COLUMBUS AVENUE	REAL ESTATE 5. Principal Office No. and Street: City or Town: 6. Mailing Addres Contact Name: <u>G</u> No. and Street:	Address 211 COLUMBUS A PAWTUCKET s of Limited Liability C ENDON M. ELLIOTT II 211 COLUMBUS A	<u>VENUE</u> State: <u>RI</u> Company and Name or Tit Contact Title: <u>MANAGER</u> <u>VENUE</u>	Zip: <u>02862</u> le of Contact Pe	Country: <u>USA</u> rson:
Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER GLENDON M ELLIOTT II 211 COLUMBUS AVENUE	REAL ESTATE 5. Principal Office No. and Street: City or Town: 6. Mailing Addres Contact Name: <u>G</u> No. and Street:	Address 211 COLUMBUS A PAWTUCKET s of Limited Liability C ENDON M. ELLIOTT II 211 COLUMBUS A	<u>VENUE</u> State: <u>RI</u> Company and Name or Tit Contact Title: <u>MANAGER</u> <u>VENUE</u>	Zip: <u>02862</u> le of Contact Pe	Country: <u>USA</u> rson:
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country MANAGER GLENDON M ELLIOTT II 211 COLUMBUS AVENUE	REAL ESTATE 5. Principal Office No. and Street: City or Town: 6. Mailing Addres Contact Name: G. No. and Street: City or Town: 7. Name and Add	Address <u>211 COLUMBUS A</u> <u>PAWTUCKET</u> s of Limited Liability C <u>ENDON M. ELLIOTT II</u> <u>211 COLUMBUS A</u> <u>PAWTUCKET</u> ress of Each Manager	<u>VENUE</u> State: <u>RI</u> Company and Name or Tit Contact Title: <u>MANAGER</u> <u>VENUE</u> State: <u>RI</u>	Zip: <u>02862</u> le of Contact Pe Zip: <u>02862</u>	Country: <u>USA</u> rson: Country: <u>USA</u>
MANAGER GLENDON M ELLIOTT II 211 COLUMBUS AVENUE	REAL ESTATE 5. Principal Office No. and Street: City or Town: 6. Mailing Addres Contact Name: G. No. and Street: City or Town: 7. Name and Add	Address <u>211 COLUMBUS A</u> <u>PAWTUCKET</u> s of Limited Liability C <u>ENDON M. ELLIOTT II</u> <u>211 COLUMBUS A</u> <u>PAWTUCKET</u> ress of Each Manager	<u>VENUE</u> State: <u>RI</u> Company and Name or Tit Contact Title: <u>MANAGER</u> <u>VENUE</u> State: <u>RI</u>	Zip: <u>02862</u> le of Contact Pe Zip: <u>02862</u>	Country: <u>USA</u> rson: Country: <u>USA</u>
211 COLOMBOS AVENUE	REAL ESTATE 5. Principal Office No. and Street: City or Town: 6. Mailing Addres Contact Name: Guitary or Town: Contact Name: Guitary or Town: 7. Name and Addres DO NOT LIST M	Address <u>211 COLUMBUS A</u> <u>PAWTUCKET</u> s of Limited Liability C <u>ENDON M. ELLIOTT II</u> <u>211 COLUMBUS A</u> <u>PAWTUCKET</u> ress of Each Manager EMBERS	<u>VENUE</u> State: <u>RI</u> Company and Name or Tit Contact Title: <u>MANAGER</u> <u>VENUE</u> State: <u>RI</u> of the Limited Liability Co	Zip: <u>02862</u> le of Contact Pe Zip: <u>02862</u> ompany, if Appli	Country: <u>USA</u> rson: Country: <u>USA</u> icable.
PAWTUCKET, RI 02862 USA	REAL ESTATE 5. Principal Office No. and Street: City or Town: 6. Mailing Addres Contact Name: Guitary or Town: Contact Name: Guitary or Town: 7. Name and Addres DO NOT LIST M	Address 211 COLUMBUS A PAWTUCKET s of Limited Liability C ENDON M. ELLIOTT II 211 COLUMBUS A PAWTUCKET ress of Each Manager EMBERS Individ	VENUE State: RI Company and Name or Tit Contact Title: MANAGER VENUE State: RI of the Limited Liability Contact State: RI State: RI State: RI	Zip: <u>02862</u> le of Contact Pe Zip: <u>02862</u> ompany, if Appli Addr	Country: <u>USA</u> rson: Country: <u>USA</u> icable.
	REAL ESTATE 5. Principal Office No. and Street: City or Town: 6. Mailing Addres Contact Name: Guitary or Town: 7. Name and Addit DO NOT LIST M Title	Address 211 COLUMBUS A PAWTUCKET s of Limited Liability C ENDON M. ELLIOTT II 211 COLUMBUS A PAWTUCKET ress of Each Manager EMBERS Indivic First, Midd	VENUE State: RI Company and Name or Tit Contact Title: MANAGER VENUE State: RI of the Limited Liability Contact Liability Liability Contact Liability Contact Liability Contact Liability Liabil	Zip: <u>02862</u> le of Contact Pe Zip: <u>02862</u> ompany, if Appli Addre Iress, City or Town, St	Country: <u>USA</u> rson: Country: <u>USA</u> icable. ess rate, Zip Code, Country
	REAL ESTATE 5. Principal Office No. and Street: City or Town: 6. Mailing Addres Contact Name: Guitary or Town: 7. Name and Addit DO NOT LIST M Title	Address 211 COLUMBUS A PAWTUCKET s of Limited Liability C ENDON M. ELLIOTT II 211 COLUMBUS A PAWTUCKET ress of Each Manager EMBERS Indivic First, Midd	VENUE State: RI Company and Name or Tit Contact Title: MANAGER VENUE State: RI of the Limited Liability Contact Liability Liability Contact Liability Contact Liability Contact Liability Liabil	Zip: <u>02862</u> le of Contact Pe Zip: <u>02862</u> ompany, if Appli Addr Iress, City or Town, St 211 COLUME	Country: <u>USA</u> rson: Country: <u>USA</u> icable. ess tate, Zip Code, Country BUS AVENUE
	REAL ESTATE 5. Principal Office No. and Street: City or Town: 6. Mailing Addres Contact Name: Gamma No. and Street: City or Town: 7. Name and Addres DO NOT LIST M Title MANAGER	Address 211 COLUMBUS A PAWTUCKET s of Limited Liability C ENDON M. ELLIOTT II 211 COLUMBUS A PAWTUCKET ress of Each Manager EMBERS Indivic First, Midd GLENDON	VENUE State: RI Company and Name or Tit Contact Title: MANAGER VENUE State: RI of the Limited Liability Contact State: RI Image: State: Add Image: State: Add	Zip: <u>02862</u> le of Contact Pe Zip: <u>02862</u> ompany, if Appli Addr Iress, City or Town, St 211 COLUME	Country: <u>USA</u> rson: Country: <u>USA</u> icable. ess tate, Zip Code, Country BUS AVENUE
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	REAL ESTATE 5. Principal Office No. and Street: City or Town: 6. Mailing Addres Contact Name: G. Mailing Addres No. and Street: City or Town: 7. Name and Addres DO NOT LIST M MANAGER 8. RESIDENT AGE	Address 211 COLUMBUS A PAWTUCKET s of Limited Liability C ENDON M. ELLIOTT II 211 COLUMBUS A PAWTUCKET ress of Each Manager EMBERS Individ First, Midd GLENDON NT IN RHODE ISLAND	VENUE State: RI Company and Name or Tit Contact Title: MANAGER VENUE State: RI of the Limited Liability Contact State: RI dual Name Add lie, Last, Suffix Add M ELLIOTT II Contact - DO NOT ALTER Contact	Zip: <u>02862</u> le of Contact Pe Zip: <u>02862</u> ompany, if Appli Addr Iress, City or Town, St 211 COLUME	Country: <u>USA</u> rson: Country: <u>USA</u> icable. ess tate, Zip Code, Country BUS AVENUE

SANDRA MATRONE MACK, SEC. HASLAW, LLC 50 KENNEDY PLAZA, SUITE 1500 PROVIDENCE , RI

<u>02903-</u>

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

Signed this 4 Day of September, 2009 at 11:55:33 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MALCOLM FARMER III

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2009 State of Rhode Island and Providence Plantations All Rights Reserved