Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Portod: September 1 - November 1         In accordance with RI GL 7-16-66(d), each limited liability company falling or refusing to file its annual report within thirty (30) days after the time prescribed by law (RI.G.L.7- 6-66(dsk)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2013         1. ID No.       000162789         2. Exact Name of the Limited Liability Company BrookEdge Village LLC         3. State of Formation State: RI         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island DEALING IN REAL ESTATE         5. Principal Office Address         No. and Street:       1264 MAIN STREET Store State: Store State: Main street: 55 DORRANCE ST., SUITE 202         Contact Name:       SulCHAEL LEVIN ESQ. Contact Title: 55 DORRANCE ST., SUITE 202         Contact Name:       SulCHAEL LEVIN ESQ. Contact Title: 5D DORTANCE ST., SUITE 202         City or Town:       PROVIDENCE         Title       Individual Name First, Middle, Last, Suffix         Address of Each Manager of the Limited Liability Company, if Applicable. DONOT LIST MEMBERS         MANAGER       DAKOTA PARTNERS, INC.         MANAGER       NichAel LEVIN       Sp DORRANCE ST. SUITE 200 PROVIDENCE, RI 02003 USA	RALPH MOLL St	tate of Rhode Island and Pi Office of the Secre		Fee: \$50.00
Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&C)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2013         1. ID No.       000162789         2. Exact Name of the Limited Liability Company BrookEdge Village LLC         3. State of Formation         State: Ril         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         DEALING IN REAL ESTATE         5. Principal Office Address         No. and Street:       1264 MAIN STREET City or Town:         WALTHAM       State: MA       Zip: 02452         Contact Name:       5. DORRANCE ST., SUITE 200 City or Town:       PROVIDENCE         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: USA         Title       Individual Name First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       DAKOTA PARTNERS, INC.       1264 MAIN STREET VALTHAN, MA 02261 USA	Secretary of State	148 W. River Providence RI 02	Street 904-2615	
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2013 1. ID No. 000162789 2. Exact Name of the Limited Liability Company BrookEdge Village LLC 3. State of Formation State: RI 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island DEALING IN REAL ESTATE 5. Principal Office Address No. and Street: 1264 MAIN STREET City or Town: WALTHAM State: MA Zip: 02452 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: S. MICHAEL LEVIN ESQ. Contact Title: No. and Street: 55 DORRANCE ST., SUITE 200 City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address. Original Main Street: VALTHAM, MA 02451 USA MANAGER S. MICHAEL LEVIN ESQ. INCHAEL LEVIN STREET City or Town: DAROTA PARTNERS, INC. VALTHAM, MA 02451 USA	Annual Report			
1. ID No.       000162789         2. Exact Name of the Limited Liability Company BrookEdge Village LLC         3. State of Formation State: RI         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         DEALING IN REAL ESTATE         5. Principal Office Address         No. and Street:       1264 MAIN STREET (ty or Town:         WALTHAM       State: MA       Zip: 02452         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       S. MICHAEL LEVIN ESQ. Contact Title: No. and Street:         No. and Street:       55 DORRANCE ST., SUITE 200 City or Town:         PROVIDENCE       State: RI         Vity or Town:       PROVIDENCE         Vity or Town:       PROVIDENCE         State: State: RI       Zip: 02903         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       S. MICHAEL LEVIN         S5 DORRANCE ST., SUITE 200	to file its annual report withir	n thirty (30) days after the time pres		
2. Exact Name of the Limited Liability Company BrookEdge Village LLC         3. State of Formation State: RI         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         DEALING IN REAL ESTATE         5. Principal Office Address         No. and Street:       1264 MAIN STREET         City or Town:       WALTHAM         State: MA       zip: 02452         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       S. MICHAEL LEVIN ESQ. Contact Title:         No. and Street:       55 DORRANCE ST., SUITE 200         City or Town:       PROVIDENCE         State: RI       zip: 02903         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       S. MICHAEL LEVIN       55 DORRANCE ST., SUITE 200	ANNUAL REPORT YEAR:	<u>2013</u>		
3. State of Formation         State: RI         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         DEALING IN REAL ESTATE         5. Principal Office Address         No. and Street:       1264 MAIN STREET         City or Town:       WALTHAM         State: MA       Zip: 02452         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       S. MICHAEL LEVIN ESQ. Contact Title:         No. and Street:       55 DORRANCE ST., SUITE 200         City or Town:       PROVIDENCE         State: RI       Zip: 02903         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       S. MICHAEL LEVIN       55 DORRANCE ST., SUITE 200	1. ID No. <u>000162789</u>			
State: RI         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         DEALING IN REAL ESTATE         5. Principal Office Address         No. and Street: 1264 MAIN STREET         City or Town: WALTHAM State: MA Zip: 02452 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: S. MICHAEL LEVIN ESQ. Contact Title:         No. and Street: 55 DORRANCE ST., SUITE 200         City or Town: PROVIDENCE       State: RI Zip: 02903 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         MANAGER         DAKOTA PARTNERS, INC.         1264 MAIN STREET         WALTHAM, MA 02451 USA         MANAGER	2. Exact Name of the Lin	nited Liability Company Brookl	Edge Village LLC	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         DEALING IN REAL ESTATE         5. Principal Office Address         No. and Street:       1264 MAIN STREET         City or Town:       WALTHAM         State:       MA         Zip:       02452         Country:       USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       S. MICHAEL LEVIN ESQ. Contact Title:         No. and Street:       55 DORRANCE ST., SUITE 200         City or Town:       PROVIDENCE         State:       RI         Zip:       02903         Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS       Address         Title       Individual Name         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       DAKOTA PARTNERS, INC.       1264 MAIN STREET         WALTHAM, MA 02451 USA       MANAGER       S. MICHAEL LEVIN	3. State of Formation			
DEALING IN REAL ESTATE         5. Principal Office Address         No. and Street:       1264 MAIN STREET         City or Town:       WALTHAM         State:       MA         Zip:       02452         Country:       USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       S. MICHAEL LEVIN ESQ. Contact Title:         No. and Street:       55 DORRANCE ST., SUITE 200         City or Town:       PROVIDENCE         State:       RI         Zip:       02903         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         MANAGER       DAKOTA PARTNERS, INC.       1264 MAIN STREET         WALTHAM, MA 02451 USA       MANAGER       S. MICHAEL LEVIN       55 DORRANCE ST., SUITE 200	State: <u>RI</u>			
5. Principal Office Address         No. and Street:       1264 MAIN STREET         City or Town:       WALTHAM       State: MA       Zip:       02452       Country:       USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       S. MICHAEL LEVIN ESQ. Contact Title:         No. and Street:       55 DORRANCE ST., SUITE 200         City or Town:       PROVIDENCE       State: RI       Zip:       02903       Country:       USA         Title       Individual Name       Address         First, Middle, Last, Suffix       Address.       Address.         MICHAEL LEVIN         MANAGER       DAKOTA PARTNERS, INC.       1264 MAIN STREET         WALTHAM, MA 02451 USA       MANAGER       S. MICHAEL LEVIN       55 DORRANCE ST., SUITE 200	4. Brief Description of the	Character of the Business Whi	ch is Actually Conducted in Rh	ode Island
No. and Street:       1264 MAIN STREET         City or Town:       WALTHAM       State: MA       Zip: 02452       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       S. MICHAEL LEVIN ESQ. Contact Title:         No. and Street:       55 DORRANCE ST., SUITE 200         City or Town:       PROVIDENCE       State: RI         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.         MANAGER       DAKOTA PARTNERS, INC.       1264 MAIN STREET         MANAGER       S. MICHAEL LEVIN       55 DORRANCE ST., SUITE 200	DEALING IN REAL ES	<u>FATE</u>		
City or Town:       WALTHAM       State:       MA       Zip:       02452       Country:       USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       S. MICHAEL LEVIN ESQ. Contact Title:         No. and Street:       55 DORRANCE ST., SUITE 200         City or Town:       PROVIDENCE       State: RI       Zip:       02903       Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       ONOT LIST MEMBERS       Address         Title       Individual Name       Address.         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       DAKOTA PARTNERS, INC.       1264 MAIN STREET         WALTHAM, MA 02451 USA       MANAGER       S. MICHAEL LEVIN       55 DORRANCE ST., SUITE 200	5. Principal Office Addres	38		
Contact Name:       S. MICHAEL LEVIN ESQ. Contact Title:         No. and Street:       55 DORRANCE ST., SUITE 200         City or Town:       PROVIDENCE         State:       RI         Zip:       02903         Country:       USA         Country:       USA         Manager       Individual Name         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       DAKOTA PARTNERS, INC.       1264 MAIN STREET         WALTHAM, MA 02451       USA         MANAGER       S. MICHAEL LEVIN       55 DORRANCE ST., SUITE 200			<u>MA</u> Zip: <u>02452</u> Count	try: <u>USA</u>
No. and Street: City or Town:       55 DORRANCE ST., SUITE 200 PROVIDENCE       State: RI       Zip:       02903       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       DAKOTA PARTNERS, INC.       1264 MAIN STREET WALTHAM, MA 02451 USA         MANAGER       S. MICHAEL LEVIN       55 DORRANCE ST., SUITE 200	6. Mailing Address of Lin	nited Liability Company and Nar	ne or Title of Contact Person:	
DO NOT LIST MEMBERS         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       DAKOTA PARTNERS, INC.       1264 MAIN STREET WALTHAM, MA 02451 USA         MANAGER       S. MICHAEL LEVIN       55 DORRANCE ST., SUITE 200	No. and Street: 55 DOF	RRANCE ST., SUITE 200	State: <u>RI</u> Zip: <u>02903</u> Co	untry: <u>USA</u>
First, Middle, Last, Suffix         Address, City or Town, State, Zip Code, Country           MANAGER         DAKOTA PARTNERS, INC.         1264 MAIN STREET WALTHAM, MA 02451 USA           MANAGER         S. MICHAEL LEVIN         55 DORRANCE ST., SUITE 200		-	ability Company, if Applicable.	
MANAGER     DAKOTA PARTNERS, INC.     1264 MAIN STREET WALTHAM, MA 02451 USA       MANAGER     S. MICHAEL LEVIN     55 DORRANCE ST., SUITE 200	Title			
MANAGER S. MICHAEL LEVIN 55 DORRANCE ST., SUITE 200	MANAGER		1264 MAIN STRE	EET
	MANAGER	S. MICHAEL LEVIN	55 DORRANCE ST., SI	UITE 200

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

**Signed this 9 Day of October, 2013 at 10:26:50 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 S. MICHAEL LEVIN

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\ensuremath{\mathbb{C}}$  2007 - 2013 State of Rhode Island and Providence Plantations All Rights Reserved