

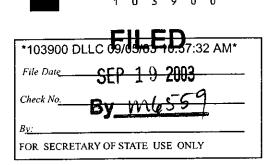
Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company 103900 Bagabond Properties, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation TO OWN AND MANAGE REAL PROPERTY RHODE ISLAND Zip 5. Principal office address Citv 02920 CRANSTON RI 3 DEAN RIDGE DRIVE 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name WILLIAM A RIESSEN City State Street Address 02920-. CRANSTON RI 3 DEAN RIDGE DRIVE 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 William A. Riessen Street Address Street Address 3 Dean Ridge Drive Zip State *City State Zip City RI 02920 Cranston Manager Name Manager Name Street Address Street Address City State State City Zip8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address Agent Name ROBERT B. BERKELHAMMER, ESQ. ONE PARK ROW, SUITE 300 Zip Address

PROVIDENCE

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



Under penalty of perjury, I decl	lare and affirm that I have	examined
this report, including any accon	npanying schedules and st	atements,
and that sill statements containe	ed herein are true and corre	ect.
William !	Lessan	9/14/03
Signature of Authorized Person	Date	

02903

William Riessen