STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

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.	2. Exact name of the limited liabilty company
95900	Lincoln Environmental Properties, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	TO OWN, LEASE AND OTHERWISE DEAL IN REAL ESTATE

5. Principal office address	City	State	Zip
333 WASHINGTON HIGHWAY,	SMITHFIELD	RI	02917

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name	Contact Title
GARY S. EZOVSKI	PRESIDENT

Street Address	City	State	Zip
333 WASHINGTON HIGHWAY	SMITHFIELD	RI	02917

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS (SEE BOX FOR ATTACHMENTS)
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (b) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
NONE				

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642, R.I.G.L. 7-1.1-10.1

Agent Name	Address	City	Zip
EDWARD E. DILLON, JR.	747 VICTORY HIGHWAY		
Address: P.O. BOX 119		SLATERSVILLE	02876

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

[redacted]

* 9 5 9 0 0 *

[redacted]

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.

X Brenda L Pope — 9/24/02
Signature of Authorized Person — *Date*

[redacted] Brenda L. Pope, Member
Print or Type Name of Authorized Person

File Date 9-30-02
Check No. 121
By: [redacted]
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02