



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

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

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 127603		2. Exact name of the limited liability company The Gatherem, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island	
5. Principal office address 17 BEDFORD ROAD		City LINCOLN	State MA
		Zip 01773-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Arthur W. Murphy, Esq.		Contact Title	
Street Address Edwards & Angell, 130 Bellevue Avenue		City Newport	State RI
		Zip 02840	
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 Joseph F. Azrack		*Manager Name	
Street Address P.O. Box 690		*Street Address	
City Lincoln	State MA	Zip 01773-0690	*City
			*State
			*Zip
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
			*State
			*Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER: Changes require filing of Form 642- R.I.G.L. 7-16-11			
Agent Name ARTHUR W. MURPHY, ESQ.		Address 130 BELLEVUE AVENUE	
Address EDWARDS & ANGELL, LLP		City NEWPORT	Zip 02840-

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



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127603 DLLC 09/15/03/11:33:35 AM

File Date 9/30/05

Check No. 9261

By: [Signature]

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] 9/25/05
Signature of Authorized Person Date

Joseph F. Azrack
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
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401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 127603		2. Exact name of the limited liability company The Gatherem, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Holding Company	
5. Principal office address 17 BEDFORD ROAD		City LINCOLN	State MA Zip 01773-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Arthur W. Murphy, Esq.		Contact Title .	
Street Address Edwards & Angell, 130 Bellevue Avenue		City Newport	State RI Zip 02840
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS. ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12(a)(2) / 7-16-52			
Manager Name Joseph F. Azrack		*Manager Name .	
Street Address 19 Bedford Road		*Street Address .	
City Lincoln	State MA	Zip 01773	*City . *State . *Zip .
Manager Name .		*Manager Name .	
Street Address .		*Street Address .	
City .	State .	Zip .	*City . *State . *Zip .
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ARTHUR W. MURPHY, ESQ.		Address 130 BELLEVUE AVENUE	
Address EDWARDS & ANGELL, LLP		City NEWPORT	Zip 02840-

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



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127603 DLLC 09/15/03 11:33:35 AM

File Date 10/5/04

Check No. 8720

By: W.

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:

Joseph F. Azrack
Signature of Authorized Person Date

Joseph F. Azrack
Print or Type Name of Authorized Person



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)

1. ID No. 127603		2. Exact name of the limited liability company The Gatherem, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island	
5. Principal office address 17 BEDFORD ROAD		City LINCOLN	State MA Zip 01773-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Arthur W. Murphy, Esq.		Contact Title	
Street Address Edwards & Angell, 130 Bellevue Avenue		City Newport	State RI Zip 02840
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Joseph F. Azrack		*Manager Name	
Street Address 19 Bedford Road		*Street Address	
City Lincoln	State MA	Zip 01773	*City *State *Zip
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City *State *Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ARTHUR W. MURPHY, ESQ.		Address 130 BELLEVUE AVENUE	
Address EDWARDS & ANGELL, LLP		City NEWPORT	Zip 02840-

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



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127603 DLLC 09/15/03 11:33:35 AM

File Date 9-26-03

Check No. 8517

By: [Signature]

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] 9/22/03
Signature of Authorized Person Date

Joseph F. Azrack
Print or Type Name of Authorized Person