



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. 107103		2. Exact name of the limited liability company M/D Trust, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HOLD SECURITIES			
5. Principal office address 22 Parsonage Street			City Providence	State RI	Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Paul W. Whyte			Contact Title Manager		
Street Address 22 Parsonage Street			City Providence	State RI	Zip 02903
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 Paul W. Whyte			Manager Name		
Street Address 22 Parsonage Street			Street Address		
City Providence	State RI	Zip 02903	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 PAUL W. WHYTE			Address		
Address 22 PARSONAGE STREET			City PROVIDENCE	Zip 02903	

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



File Date	9/21/05	*107103*
Check No.	190	
By:	AW	
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.

Paul W. Whyte **9/21/05**
Signature of Authorized Person Date

Paul W. Whyte
Print or Type Name of Authorized Person



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. 107103		2. Exact name of the limited liability company M/D Trust, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HOLD SECURITIES			
5. Principal office address 22 Parsonage Street			City Providence	State RI	Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Paul W. Whyte			Contact Title Manager		
Street Address 22 Parsonage Street			City Providence	State RI	Zip 02903
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 Paul W. Whyte			Manager Name		
Street Address 22 Parsonage Street			Street Address		
City Providence	State RI	Zip 02903	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 PAUL W. WHYTE			Address		
Address 22 PARSONAGE STREET			City PROVIDENCE	Zip 02903	

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



File Date 9/23/04
Check No. 164
By: PA
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.

Paul W. Whyte 9/22/04
Signature of Authorized Person Date
Paul W. Whyte
Print or Type Name of Authorized Person



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *107103*		2. Exact name of the limited liability company M/D Trust, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HOLD SECURITIES			
5. Principal office address 22 Parsonage Street		City PROVIDENCE	State RI	Zip 02903	
Contact Name PAUL W. WHYTE		Contact Title Manager			
Street Address 22 Parsonage Street		City PROVIDENCE	State RI	Zip 02903-	
Manager Name Paul W. Whyte		Manager Name .			
Street Address 22 Parsonage Street		Street Address .			
City Providence	State RI	Zip 02903	City .	State .	Zip .
Manager Name .		Manager Name .			
Street Address .		Street Address .			
City .	State .	Zip .	City .	State .	Zip .
Agent Name ANDREW W. DAVIS, ESQ.		Address 101 DYER STREET			
Address THE OWEN BUILDING		City PROVIDENCE	Zip 02903		

FILED

SEP 19 2003
BY KMC
C5447

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



107103 DLLC6/24/0312:30:15 PM

File Date _____

Check No. 113

By: _____

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.

Paul W. Whyte 9/5/03
Signature of Authorized Person Date

Paul W. Whyte
Print or Type Name of Authorized Person



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. *107103*		2. Exact name of the limited liability company M/D Trust, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HOLD SECURITIES			
5. Principal office address 22 Parsonage Street		City PROVIDENCE	State RI	Zip 02903	
Contact Name PAUL WHYTE		Contact Title .			
Street Address 22 Parsonage Street		City PROVIDENCE	State RI	Zip 02903-	
Manager Name Paul Whyte		Manager Name .			
Street Address 22 Parsonage Street		Street Address .			
City Providence	State RI	Zip 02903	City .	State .	Zip .
Manager Name .		Manager Name .			
Street Address .		Street Address .			
City .	State .	Zip .	City .	State .	Zip .
Agent Name ANDREW W. DAVIS, ESQ.		Address 101 DYER STREET			
Address THE OWEN BUILDING		City PROVIDENCE	Zip 02903		

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



* 1 0 7 1 0 3 *

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.

Paul Whyte 9/11/02
Signature of Authorized Person Date

Paul Whyte
Print or Type Name of Authorized Person

107103 DLLC8/2/0210:53:53 AM
File Date <u>9-16-02</u>
Check No. <u>110</u>
By: <u>AMF</u>
FOR SECRETARY OF STATE USE ONLY

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number DLIC 107103

Annual Report for the year 2001

1. The name of the limited liability company is:

M/D Trust, LLC

2. The address of the principal office of the limited liability company is:

22 Parsonage Street, Providence, Rhode Island 02903

3. The state or other jurisdiction under the laws of which it is formed is: RHODE ISLAND

4. The name and address of its resident agent is: Andrew W. Davis, Esq.

The Owen Building, 101 Dyer Street, Providence, Rhode Island 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Paul Whyte, 22 Parsonage Street, Providence, Rhode Island

02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Hold securities.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Paul Whyte

22 Parsonage Street, Providence, Rhode Island 02903

Dated 11/14 2001

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.

*11-20-01
1695
BMF*

M/D Trust, LLC

Exact Name of Limited Liability Company

By *Paul W. Whyte*

Paul Whyte, Manager

Title

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 107103

Annual Report for the year 2000

1. The name of the limited liability company is:

M/D Trust, LLC

2. The address of the principal office of the limited liability company is:

127 Dorrance Street, Providence, Rhode Island 02903

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: ANDREW W. DAVIS, ESQ.

1420 BANKBOSTON PLAZA PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Paul Whyte, 127 Dorrance Street, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: HOLD SECURITIES

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Paul Whyte

127 Dorrance Street, Providence, RI 02903

Dated

9/7/00

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.



M/D Trust, LLC

Exact Name of Limited Liability Company

By

Paul Whyte

Paul Whyte, Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

9/13/00

Check No.:

1181

By:

9/13/00