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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

1. ID No.	2. Exact name of the limited liability company
135604	APEnterprise, LLC.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	REAL ESTATE AND ANY OTHER BUSINESS ALLOWED BY LAW

5. Principal office address	City	State	Zip
28 TEAL DRIVE	WAKEFIELD	RI	02879-

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

Contact Name	Contact Title
RAYMOND SWARZ	

Street Address	City	State	Zip
100 SPRAGUE STREET	PORTSMOUTH	RI	02871-

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
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	Street Address	City	State	Zip
Arthur Palmer	28 Teal Drive	Wakefield	RI	02879

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. 7-16-11

Agent Name	Address	City	Zip
ARTHUR PALMER	28 TEAL DRIVE	WAKEFIELD	02879-

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

135604

135604 DLLC 01/12/06 10:00:53 AM
File Date 1/19/06
Check No. 1162
By: [illegible]
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.

[illegible] 1/13/06
Signature of Authorized Person *Date*

Arthur S. Palmer
Print or Type Name of Authorized Person

Form 632 Rev. 12/05

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 2004

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 liability company*
135604	APEnterprise, LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
RHODE ISLAND	Real estate and any other business allowed by law.

Principal office address	*City*	*State*	*Zip*
38 Teal Drive	Wakefield	RI	02879

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

Contact Name	*Contact Title*
Raymond Swarz	Corporate Counsel

Mailing Address	*City*	*State*	*Zip*
100 Sprague Street	Portsmouth	RI	02871

NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY
FILL IN SPACES BEFORE USING ATTACHMENTS (X BOX FOR ATTACHMENT)
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-67 & 7-16-68

Manager Name	*Manager Name*
Arthur Palmer	
Street Address	*Street Address*
38 Teal Drive	
City / *State* / *Zip*	*City* / *State* / *Zip*
Wakefield / RI / 02879	
Manager Name	*Manager Name*
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *Zip*

PRINCIPAL OFFICE IN RHODE ISLAND - DO NOT ALTER- Changes require filing of Form 632 (R.I.G.L. 7-16-67)

Name	*Address*
ARTHUR PALMER	7 SOUTH BAPTIST STREET
State	*City* / *Zip*
	NEWPORT 02840-

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

135604

135604 DLLC 05/09/05 08:21:21 PM*
5/27/05 10:11 AM 21:50
2823
OA
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.

5/10/05
Signature of Authorized Person *Date*

Arthur Palmer
Print or Type Name of Authorized Person

Form 632 Rev. 8/02