

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

(FORM MUST BE TYPED	OR PRINT	ED IN BLACK)					
1. ID No.		Exact name of the limited liability company					
91405	Knowle	A Brief description of the character of the business which is actually conducted in Rhode Island					
3. State of Formation			character of the business whi	ch is actually conducted in Rh	ode Island		
RHODE ISLAND		REAL ESTATE.					
S. Principal office address				City	State	Zίρ	
1936 Old L	ouis	quisset Pike	e	Lincoln	RI	02865	
6. MAILING ADDRES	SS OF LI	MITED LIABILITY O	OMPANY AND NAME	OR TITLE OF CONTAC	T PERSON:		
Contact Name				Contact Title			
Eunice B.	Pott:	S		Member			
Street Address				City	State	Zip	
1936 Old L	ouis	quisset Pike	e	Lincoln	RI ,	02865	
7. NAME AND ADDE	RESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF AP	PLICABLE		
				HMENTS ("X" BOX F			
AN	y MODII	FICATIONS TO MAN	AGERS REQUIRES FIL	ING OF AMENDMENT,	R.I.G.L. 7-16-12 (a	(2) / 7-16-52 -	
Manager Name				Manager Name			
				<u> </u>			
Street Address				Street Address			
City		State	Zφ	City	State	Zφ	
		••••••					
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Ζ(ρ	City	State	Zip	
City		Sitate	<i></i> Ψ	Çily	Smile		
8. RESIDENT AGENT	IN RH	ODE ISLAND - DO N	OT ALTER - Changes	: require filing of Form	, 1 642 - R.I.G.L. 7-1	6-11	
Agent Name			•	Address		· -	
DAVID H. FERRARA							
Address				City		Ζφ	
21 GARDEN CITY DRIV	/E			CRANSTON		02920	
					· · ·	L	

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

File Date	11/22	*91405*	7
Check No	9494		
Ву:			
FOR	SECRETARY OF STAT	E USE ONLY	1

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.

Sumis	B. Potts	11/5/05
Signature of Author	ized Person	Date

Eunice B. Potts

Print or Type Name of Authorized Person



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

Corporations Division 100 North Main Street Providence, RI 02903-1535 401.222.3040

Matthew A. Brown, Secretary of State

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) I ID No 2. Exact name of the limited liability company 91405 Knowles Station Associates, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE. **RHODE ISLAND** 5 Principal office address 1936 Old Louisquisset Pike 02865 Lincoln RI 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Member Eunice B. Potts Street Address City State 1936 Old Louisquisset Pike Lincoln RI 02865 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 Street Address Street Address City State City Zφ State Zip Manager Name Manager Name Street Address Street Address Cuy State State Zíp Z.LD 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 DAVID H. FERRARA Address City Z.Ip 21 GARDEN CITY DRIVE **CRANSTON** 02920

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



File Date 10128 104
Check No. 7426
Ву:
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 of Authorized Person Date

Eunice B. Potts
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

2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

rum musi ne i ire	ED OR PRINTED IN BLACK)				
1. ID No. 91405	2. Exact name of the limit Knowles Statio	on Associates, LLC			·
3. State of Formation	4. Brief descript	ion of the character of the l	ousiness which is actually conducted in Rho	ode Island	
RHODE ISLAND	REAL ESTA	ITE.			
5. Principal office addr	ress		City	State	Zip
1936 Old 6. MAILING ADDR	Louisquisset RESS OF LIMITED LIAB	Pike ILITY COMPANY AN	Lincoln D NAME OR TITLE OF CONTACT : Contact Title	RI T PERSON:	02865
Eunice B.	Potts		Member		
Street Address	Louisquisset	Pike	Chy Lincoln	State RI	<i>Zφ</i> 02865
	FILL IN SI	PACES BEFORE USIN	ED LIABILITY COMPANY, IF API IG ATTACHMENTS ("X" BOX F IRES FILING OF AMENDMENT,	OR ATTACHMENT)) / 7-16-52
Manager Name			Машадын Маны		
			<u> </u>		
Sireei Address			Street Address		<u> </u>
	State	Zip	Street Address City	State	Zip
Street Address City Manager Name	State	Zip		State	Zip
City	State	Zip	City	State	Zip
City Manager Name	State State	Zip Zip	City Manager Name	State State	7.ip 7.ip
City Manager Name Street Address City	State NT IN RHODE ISLAND	Z.ip	City Manager Name Street Address	State	Zip

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

* 9 1 4 Ø 5	*
File Date U[70] Check No. 2756 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.

Signature of Authorized Person Date

Eunice B. Potts

Print or Type Name of Authorized Person



Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

MITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

	TYPED OR PRINTED IN BL		 		· · · · · · · · · · · · · · · · · · ·	
<i>I. ID No.</i> *91405*		Exact name of the limited liabilty company nowles Station Associates, LLC				
3. State of Format			ne business which is actually conduct	ed in Rhode Island	-	
RHODE ISLA	ND REAL ESTA	TR.				
5. Principal office 1936 OLD I	oddress OUISQUISSET PIKE		City LINCOLN	State R I	<i>Zip</i> 02865	
6. MAILING A Contact Name EUNICE B P		LIABILITY COMP	ANY AND NAME OR TITLI Contact Title Member	OF CONTACT PI	RSON:	
Street Address 1936 OLD L	OUISQUISSET PIKE		City LINCOLN	State R I	<i>Zip</i> 02865-	
7. NAME AND	FILL IN S	PACES BEFORE USIN	LIMITED LIABILITY CONG ATTACHMENTS ("X" BOX UIRES FILING OF AMENDMENT.	FOR ATTACHMENT)		
fanager Name			• Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	State	Zip	*City *Manager Name	State	Zip	
Manager Name	State	Zip	· · · · · · · · · · · · · · · · · · ·	State	Zip	
Manager Name	State	Zip	Manager Name	State	Zip	
danager Name treet Address	Siate	Zip	Manager Name Sireet Address	State	Ζip	
Manager Name Street Address City B. RESIDENT A	Siate	Zip	Manager Name Street Address City	State	Ζip	
Manager Name Street Address City B. RESIDENT Agent Name	State AGENT IN RHODE ISLAN	Zip	Sireel Address City hanges require filing of	State Form 642 - R.I.G.L.	Ζip	
City Manager Name Street Address City 8. RESIDENT Agent Name DAVID H. FE	State AGENT IN RHODE ISLAN	Zip	Siree Address City Changes require filing of	State Form 642 - R.I.G.L.	Ζip	

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



91405 DLLC9/4/022:49:11 PM
File Date 11-25.02
Check No. 27067
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.

Eunico B. Polts	Nov. 8, 2002
Signature of Authorized Person	Date

Eunice	В.	Potts	•
Print or Type	Name o	Authorized I	erso

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 91405	Annual Report for the year 2001
1.	The name of the limited liability comp	pany is:
	Knowles Station Associates, LLC	
2.	The address of the principal office of	the limited liability company is:
	1936 Old Louisquisset	Pike, Lincoln, RI 02856
3.	The state or other jurisdiction under	the laws of which it is formed is RHODE ISLAND
4.	The name and address of its residen	at agent is: DAVID H. FERRARA
	21 GARDEN CITY DRIVE CRANST	ON RI 02920
5.		mited liability company and the name or title of a person to whom communications B. Potts, Member, 1936 Old Louisquisset Pike,
,	state: _real estate	of the business in which the limited liability company is actually engaged in this
7.	Name	anagers, the name and address of each manager of the limited liability company Address
Dat	October 12, 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. Knowles Station Associates, LLC Exact Name of Limited Liability Company
ile	FOR SECRETARY OF STATE USE ONLY Date: 10.26-01 sk No.: 26492	By Sunce B. Potts, Member
Cheo 3y:	:k No.: 26492	Title Form No. 632 Revised 01/99

CETACH BOTTOM BEFORE RETURNING

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

Revised 01/99



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 I	DLLC	: 914	Ю5
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By:

Annual Report for the year 2000

-		<u></u>		
1.	The name of the limited liability compa	any is:		
	Knowles Station Associates, LLC			
2.	The address of the principal office of t	he limited liability company is:		
	1936 Old Louisquisset Pike, Lincoln, RI 02856			
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	agentis: DAVID H. FERRARA		
	21 GARDEN CITY DRIVE CRANSTON RI 02920			
5.	The current mailing address of the lim	ited liability company and the name or title of a person to whom communications		
	may be directed are: Eunice B. Potts, Member, 1936 Old Louisquisset Pike,			
	Lincoln, RI 02865			
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in this state:			
7.		nagers, the name and address of each manager of the limited liability company Address		
Da	1 tod November 8, 2000	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. Knowles Station Associates, LLC Exact Name of Limited Liability Company		
File	FOR SECRETARY OF STATE USE ONLY Date: //-/6-00 cck No.: 25990	By Eunice B. Potts, Member		
СПС		Title Form No. 632		

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 LL 91405	Annual Report for the year 1999		
1.	The name of the limited liability cor	npany is:		
	Knowles Station Associates, LLC			
2.	The address of the principal office	of the limited liability company is:		
	1936 Old Louisquisset Pike, Lincoln, RI 02865			
3.	The state or other jurisdiction unde	r the laws of which it is formed is RHODE ISLAND		
4.	The name and address of its reside	ent agent is: DAVID H. FERRARA		
	21 GARDEN CITY DRIVE CRANSTON, RI 02920			
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: 1936 Old	Louisquisset Pike, Lincoln, RI 02865		
	Attention of Eunice B			
6. 7.	state: real estate	of the business in which the limited liability company is actually engaged in this managers, the name and address of each manager of the limited liability company Address		
Dat	ed Sept. 29, 1999	Under penalty of perjury, I declare and affirm that I have examined this		
	* 9 1 4 0 5 *	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
		Knowles Station Associates, LLC Exact Name of Limited Liability Company		
ile l	FOR SECRETARY OF STATE USF ONLY Date: 10-7-99	By Eunic B Polls		
	k No.: 1669	Eunice B. Potts, Member		
By:	AMF	Title Form No. 632 Revised 01/99		



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 <u>LL 91405</u>	Annual Report for the year 1998			
1.	The name of the limited liability company i	s:			
	Knowles Station Associates, LLC				
2.	The address of the principal office of the li	mited liability company is:			
	1936 Old Louisquisset Pik	e, Lincoln, RI 02865			
3.	The state or other jurisdiction under the la	ws of which it is formed is RHODE ISLAND			
4.	The name and address of its resident age	nt is: DAVID H. FERRARA , Esq., P.O. Box 20130			
	21 GARDEN CITY DRIVE CRANSTON,	RI 02920			
5.	_	mited liability company and the name or title of a person to whom			
		.936 Old Louisquisset Pike, Lincoln, RI 02865			
	Attn: Eunice B. Potts, Me	ember			
6.	A brief statement of the character of the state: real estate	business in which the limited liability company is actually engaged in this			
7.	If the limited liability company has manage Name	ers, the name and address of each manager of the limited liability company Address			
Da	nted October /p , 19 98	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. Knowles Station Associates, LLC			
	* 9 1 4 0 5 * FOR SECRETARY OF STATE USE ONLY	Exact Name of Limited Liability Company			
File	Date: (A) (A) Ed	By Eunio B. Potts			
Che	ck No.: OCT 13 WD LUX				
Ву:	STOY OF UNITE (A1)	Eunice B. Potts, Member Title			



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 0091405	Annual Report for the year1997		
1.	The name of the limited liability company KNOWLES FAMILY ASSOCIATES	knowles station Associates, LLC formerly		
2.	The address of the principal office of the limited liability company is: 1936 Old Louisquisset Pike, Lincoln, RI 02865			
3.	The state or other jurisdiction under the laws of which it is formed is:RI			
4.	The name and address of its resident agent is: David_H. Ferrara, Esq., Taft & McSally 21 Garden City Drive, Cranston, RI 02920			
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: 1936 Old Louisquisset Pike, Lincoln, RI 02865 Attn: Eunice B. Potts, Member			
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in this state: real estate			
7.	If the limited liability company has man company Name	agers, the name and address of each manager of the limited liability Address		
Da	ted, 19	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.		
//	PATO OCT 2 0 1907 SECRETARY OF STATE	Knowles Station Associates, LLC Exact Name of Limited Liability Company By Sunce B. Potta Eunice B. Potts, Member Title		

Form No. LLC-19 Revised 8/97