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.	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
RHODE ISLAND	REAL ESTATE.

5. Principal office address	City	State	Zip
1936 Old Louisquisset Pike	Lincoln	RI	02865

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

Contact Name	Contact Title
Eunice B. Potts	Member

Street Address	City	State	Zip
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	Street Address	City	State	Zip

Manager Name	Street Address	City	State	Zip

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
DAVID H. FERRARA	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.

[redacted]

91405

File Date 11/22

Check No. 9494

By: [redacted]

FOR SECRETARY OF STATE USE ONLY

[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.

Eunice B. Potts 11/5/05
Signature of Authorized Person *Date*

[redacted]

Eunice B. Potts
Print or Type Name of Authorized Person

Form 632 Rev. 7/03

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
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
RHODE ISLAND	REAL ESTATE.

5. Principal office address	City	State	Zip
1936 Old Louisquisset Pike	Lincoln	RI	02865

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

Contact Name	Contact Title
Eunice B. Potts	Member

Street Address	City	State	Zip
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	Street Address	City	State	Zip

Manager Name	Street Address	City	State	Zip

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
DAVID H. FERRARA	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.

[redacted]

* 9 1 4 0 5 *

[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.

Eunice B. Potts — Oct. 7, 2004
Signature of Authorized Person — *Date*

[redacted] Eunice B. Potts
Print or Type Name of Authorized Person

File Date 10/28/04
Check No. 7426
By: VS.
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 7/03

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.	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
RHODE ISLAND	REAL ESTATE.

5. Principal office address	City	State	Zip
1936 Old Louisquisset Pike	Lincoln	RI	02865

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

Contact Name	Contact Title
Eunice B. Potts	Member

Street Address	City	State	Zip
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 / Zip	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	Address		
DAVID H. FERRARA			
Address	City	Zip
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.

[redacted] *91405*

File Date	11/17/03
Check No.	27561
By:	

FOR SECRETARY OF STATE USE ONLY

[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.

Eunice B. Potts — Oct. 22, 2003
Signature of Authorized Person — *Date*

[redacted] Eunice B. Potts
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.	2. Exact name of the limited liabilty 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
RHODE ISLAND	REAL ESTATE.

5. Principal office address	City	State	Zip
1936 OLD LOUISQUISSET PIKE	LINCOLN	RI	02865

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

Contact Name	Contact Title
EUNICE B POTTS	Member

Street Address	City	State	Zip
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	Street Address	City	State	Zip

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
DAVID H. FERRARA	21 GARDEN CITY DRIVE	CRANSTON	02920

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

[redacted] *91405*

91405 DLLC9/4/02 2:49:11 PM
File Date 11-25-02
Check No. 27067
By: [redacted]
FOR SECRETARY OF STATE USE ONLY

[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.

Eunice B. Potts — Nov. 8, 2002
Signature of Authorized Person — *Date*

[redacted] Eunice B. Potts
Print or Type Name of Authorized Person

Form 632 Rev. 6/02

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 company 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 resident 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: 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: real estate

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

Name	*Address*

Dated 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

By Eunice B. Potts

Eunice B. Potts, Member
Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY
File Date: 10.26.01
Check No.: 26492
By:

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of $50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040 or from our web site at www.state.ri.us

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** 2000

1. The name of the limited liability company 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 resident 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: 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: real estate

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

Name	*Address*

Dated November 8, 2000

9 1 4 0 5

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

By Eunice B Potts

Eunice B. Potts, Member
Title

FOR SECRETARY OF STATE USE ONLY
File Date: 11-16-00
Check No.: 25990
By: AMF

Form No. 632
Revised 01/99

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 company 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 under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident 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. 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 managers, the name and address of each manager of the limited liability company

Name	*Address*

Dated Sept. 29, 1999

* 9 1 4 0 5 *

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

By Eunice B Potts

Eunice B. Potts, Member
Title

FOR SECRETARY OF STATE USE ONLY
File Date: 10-7-99
Check No.: 1669
By: AMF

Form No. 632
Revised 01/99

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** 1998

1. The name of the limited liability company 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 under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: DAVID H. FERRARA , Esq., P.O. Box 20130

   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 managers, the name and address of each manager of the limited liability company

Name	*Address*

Dated October 10, 1998

* 9 1 4 0 5 *

FOR SECRETARY OF STATE USE ONLY
File Date: FILED
Check No.: OCT 13 100 LLC A78
By: STATE OF RHODE ISLAND

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

By Eunice B. Potts

Eunice B. Potts, Member
Title

Form No. LLC-19
Revised 8/97

DETACH BOTTOM BEFORE RETURNING

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 0091405 **Annual Report for the year** 1997

1. The name of the limited liability company is: Knowles Station Associates, LLC formerly KNOWLES FAMILY 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 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 managers, the name and address of each manager of the limited liability company

Name	*Address*

Dated _____, 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.

Knowles Station Associates, LLC
Exact Name of Limited Liability Company

By Eunice B. Potts

Eunice B. Potts, Member
Title

1148
Copy

PAID
OCT 20 1997
SECRETARY OF STATE

Form No. LLC-19
Revised 8/97