

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 T	PED OR P	RINTED IN BLA	ICK)					
I. ID No.	2. Exac	t name of the lin	nited liabilty company		•			
121405	Highl	land Properties, LLC						
3. State of Formation	•			business which is actually conducted in h	hode Island			
RHODE ISLAN	D	TO OWN AN	D MANAGE REAL EST	ATE				
5. Principal office ac	ldress	·		City	State	Zip		
35 HIGHLAND	AVENUE			EAST PROVIDENCE	RI	02914	-	
6. MAILING AD Contact Name DAVID N BAZZ		OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE OF Contact Title	CONTACT	PERSON:	·	
Street Address				City	State	Zip		
35 HIGHLAND	AVENUE			.EAST PROVIDENCE	RI	02914-	-	
A HADIE AND A		FILL IN S	PACES BEFORE USING	RES FILING OF AMENDMENT. R.I.C	ATTACHMEN	מי 🛘		
Manager Name				• Manager Name	· Manager Name			
DAVID N. BAZ	ZAR			•				
Street Address				· Street Address		•		
35 HIGHLAND	AVENUE			<u></u>				
City		State	Zip	City	State	Zip		
EAST PROVIDE	ENCE	RI	02914		 l .	. <i>.</i>		
Manager Name				*Manager Name				
Street Address				•Street Address			-	
City		State	Zip	City	State	Zip		
a DECIDENT AC	ENT IN D	LIODE IST AN	D DO NOT ALTER Ch	anges require filing of Form	5 642 - P I C	21. 7.16.11		
Agent Name	ENIIN	HODE ISLAN	D-DO HO! MEIEW- CII	Address		X1), 1-10-11		
DAVID N. BAZ	AR, ESQ			35 HIGHLAND AVEN	UE			
Address			City		Zip			
			EAST PROVIDENCE	02914-				

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



121405 DLLQ 09/14/05 04:23:38 PM
File Date 9/20/05
Check No. 1/65
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 Jerson Date

DAVID N. BAZAR
Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

IABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

	mber 1 -	November	r 1 • Filing Fee: \$50	0.00			
I. ID No.	2. Exact	name of the	limited liability company				
121405	Highla	ind Proper					
3. State of Formation		4. Brief desci	ription of the character of the	business which is actually conduct	ed in Rhode Island		
RHODE ISLAND		TO OWN J	IND MANAGE REAL ES	TATE			
5. Principal office addre	253			. Ciry .	State	Zip	
35 HIGHLAND A	VENUE			EAST PROVIDEN	CE RI	02914-	
6. MAILING ADDI	RESS_O	FLIMITE	D LIABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT F	PERSON:	
Contact Name				Contact Title			
DAVID N BAZAR				•			
Street Address			<u></u>	City	State	Zip	
35 HIGHLAND AV				.EAST PROVIDEN		02914-	
7. NAME AND ADI	DRESS	OF EACH	MANAGER OF THE	LIMITED LIABILITY CO	MPANY, IF APPL	ICABLE -	
		FILL IN	SPACES BEFORE USING	ATTACHMENTS CX BOX	FOR ATTACHMENT,) LI	
	ANY M	DIFICATION	NS TO MANAGERS REQU	IRES FILING OF AMENDMENT.	R.I.G.L 7-16-12 (a) (2) / 7-16-52	
Manager Name, David N.	Ba	zas		• Manager Name •	• Manager Name		
Street Address		1 4		Street Address			
35 High	lan	d As	Jonif.	•		•	
City Providence State RI 2402914			4 City	State	Zip		
Manager Name				Manager Name			
Street Address				Street Address	-	-	
City	•	State	Zip	.Ciry	. City State Zip		
8. RESIDENT AGEN	T IN R	ODE ISLA	ND -DO NOT ALTER- CI	nanges require filling of	Form 642 - R.J.G.I	L. 7-16-11	
Agent Name				Address			
DAVID N. BAZAF	t			1481 WAMPANOA	G TRAIL	-	
Address			City	City Zip			
•			. EAST PROVIDEN	EAST PROVIDENCE 0291			
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•				•			
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*121405 DLLC						
File Date	20	04	- 10. Hd	Sh	l h	2E6 1
Check No.	12.4			1		
	DA	-	31ATS VG			
FOR SECRETARY	OF STATE	USE ONLY	a	EINE	303'	と

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.

Dail 7. Bay	9-9-04
Signature of Authorized Person	Date
David N. Bazac	
Print or Type Name of Authorized Person	Fa 621 Pay 6/01



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003 ling Period: September 1 - November 1 • Filing Fee: \$50.00

FORM MUST BE TYPI					_		
1. ID No. 121405	2. Exact name of Highland Pro	hland Properties, LLC					
3. State of Formation		• •	business which is actually conducted in Ri	rode Island			
RHODE ISLAND	TO OW	N AND MANAGE REAL EST	TATE				
5. Principal office addre	ess		City	State	Zıp		
35 HIGHLAND A	VENUE		EAST PROVIDENCE	RI	02914-		
6. MAILING ADDI	RESS OF LIM	TED LIABILITY COMPA	NY AND NAME OR TITLE OF	CONTACT P	ERSON:		
Contact Name			Contact Title				
DAVID N BAZAR			•				
Street Address		-	City	State	Zip		
35 Highland A	venue		.EAST PROVIDENCE	RI	02914		
7. NAME AND AD	FILI	IN SPACES BEFORE USING	LIMITED LIABILITY COMPAN ATTACHMENTS ("X" BOX FOR . IRES FIUNG OF AMENDMENT. R.LG	ATTACHMENT)			
Manager Name			· Manager Name				
David N. Baza	r		<u> </u>				
Street Address			Street Address				
35 Highland A	venue						
City	State	Zip	City	State	Zip		
East Providen	ce RI	02915		. . l			
Manager Name			*Manager Name				
Street Address			•Sircet Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGE	NT IN RHODE I	SLAND -DO NOT ALTER- CH	nanges require filing of Forn	1 642 - R.I.G.L	7-16-11		
Agent Name			Address				
DAVID N. BAZAF	₹		1481 WAMPANOAG TE	RAIL			
Address			City	-	Zip		
		<u> </u>	EAST PROVIDENCE		02915-		

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



121405 DLLG 09/23/03,10:38:44 AM
Check No. 1085
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.

Print or Type Name of Authorized Person



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) 2. Exact name of the limited liability company I. ID No. *121405* Highland Properties, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation TO OWN AND MANAGE REAL ESTATE RHODE ISLAND State 5. Principal office address Zip EAST PROVIDENCE RI 02914-35 HIGHLAND AVENUE 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name DAVID N. BAZAR City State Zip Strees Address 02915 .E. PROVIDENCE RI 1481 WAMPANOAG TRAIL 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 Naine DAVID N. BAZAR · Street Address Street Address 1483 WAMPANOAG TRAIL State Zip *City State Zip City 02915 E. PROVIDENCE RI Manager Name Manager Name Street Address Street Address State State City Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 igent Name 1481 WAMPANOAG TRAIL DAVID N. BAZAR Address EAST PROVIDENCE 02915-This report must be signed in ink by an authorized person pursuant to 7-16-66. 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. *121405 DLLC9/17/0212:25:36 PM* File Date 4:23.02 File Date_ Check No. BAZAR DAUW N. Print or Type Name of Authorized Person FOR SECRETARY OF STATE USE ONLY Form 632 Rev. 6/02