



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. 121405		2. Exact name of the limited liability company Highland Properties, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN AND MANAGE REAL ESTATE	
5. Principal office address 35 HIGHLAND AVENUE		City EAST PROVIDENCE	State RI
		Zip 02914-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DAVID N BAZAR		Contact Title	
Street Address 35 HIGHLAND AVENUE		City EAST PROVIDENCE	State RI
		Zip 02914-	
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 DAVID N. BAZAR		Manager Name	
Street Address 35 HIGHLAND AVENUE		Street Address	
City EAST PROVIDENCE	State RI	City 02914	State 02914
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 DAVID N. BAZAR, ESQ.		Address 35 HIGHLAND AVENUE	
Address		City EAST PROVIDENCE	Zip 02914-

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



1 2 1 4 0 5

\*121405 DLLG 09/14/05 04:23:38 PM\*

File Date

9/20/05

Check No.

1165

By

A

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

9-14-05

Date

DAVID N. BAZAR

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
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100 North Main Street, Providence, RI 02903-1335  
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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. 121405		2. Exact name of the limited liability company Highland Properties, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN AND MANAGE REAL ESTATE	
5. Principal office address 35 HIGHLAND AVENUE		City EAST PROVIDENCE	State RI
		Zip 02914-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DAVID N BAZAR		Contact Title	
Street Address 35 HIGHLAND AVENUE		City EAST PROVIDENCE	State RI
		Zip 02914-	
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 David N. Bazar		Manager Name	
Street Address 35 Highland Avenue		Street Address	
City East Providence	State RI	City	State
	Zip 02914		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		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 DAVID N. BAZAR		Address 1481 WAMPANOAG TRAIL	
Address		City EAST PROVIDENCE	Zip 02915-

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



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\*121405 DLLC 09/09/04 12:55:04 PM\*

File Date 9/20/04

Check No. 1125

By: DA

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 David N. Bazar  
Date 9-9-04  
Print or Type Name of Authorized Person David N. Bazar



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. 121405		2. Exact name of the limited liability company Highland Properties, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN AND MANAGE REAL ESTATE	
5. Principal office address 35 HIGHLAND AVENUE		City EAST PROVIDENCE	State RI
		Zip 02914 -	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DAVID N BAZAR		Contact Title .	
Street Address 35 Highland Avenue		City EAST PROVIDENCE	State RI
		Zip 02914	
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 David N. Bazar		• Manager Name .	
Street Address 35 Highland Avenue		• Street Address .	
City East Providence	State RI	Zip 02915	• City .
• Manager Name .		• Manager Name .	
Street Address .		• Street Address .	
City .	State .	Zip .	• City .
• Manager Name .		• Manager Name .	
Street Address .		• Street Address .	
City .	State .	Zip .	• City .
• Manager Name .		• Manager Name .	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name DAVID N. BAZAR		Address 1481 WAMPANOAG TRAIL	
Address .		City EAST PROVIDENCE	Zip 02915 -

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



1 2 1 4 0 5

*121405 DLLG 09/23/03, 10:38:44 AM*	
File Date	9.24.03
Check No.	1085
By:	2
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 David N. Bazar Date 9/23/03  
Print or Type Name of Authorized Person DAVID N. BAZAR



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. *121405*		2. Exact name of the limited liability company Highland Properties, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN AND MANAGE REAL ESTATE	
5. Principal office address 35 HIGHLAND AVENUE		City EAST PROVIDENCE	State RI
		Zip 02914-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DAVID N. BAZAR		Contact Title	
Street Address 1481 WAMPANOAG TRAIL		City E. PROVIDENCE	State RI
		Zip 02915	
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 DAVID N. BAZAR		Manager Name	
Street Address 1481 WAMPANOAG TRAIL		Street Address	
City E. PROVIDENCE	State RI	City 02915	State 02915
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 DAVID N. BAZAR		Address 1481 WAMPANOAG TRAIL	
Address		City EAST PROVIDENCE	Zip 02915-

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



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*121405 DLLC9/17/0212:25:36 PM*
File Date 9.23.02
Check No. 1040
By: [Signature]
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] 9/17/02  
Signature of Authorized Person Date  
DAVID N. BAZAR  
Print or Type Name of Authorized Person