

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, Rt 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) L ID No. 2 Exact name of the limited liability company 124805 Lenox-Norwood, LLC 3. State of Formation 4 Brief description of the character of the business which is actually conducted in Rhode Island RHODE ISLAND 5 Principal office address State City  $Z_{ID}$ 345 NEPONSET STREET CANTON MA 02021-6. MAILING ADDRESS OF LIMITED LIABILITY GOMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title .MANAGER LENOX-NORWOOD, LLC City Sireet Address State Zip 345 NEPONSET STREET . CANTON MΑ 02021 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED BIABILITY COMPANY, IF APPLICABLE FILL IN SPACES DEPORE USING ATTACHMENTS: MOX FOR ATTACHMENT ... ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT RUGIL 7-16-12 (a) (2) 77-16-52 Manager Name · Manager Name FRAMING COMPANY, INC Sireet Address · Street Address 345 NEPCNSET STREET State State  $Z_{IP}$ Zıp CANTON MA02021 Manager Name Munuger Num Sireci Address ·Sircei Address Cily Žip No c 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ACTED, Changes require (Illing of Form 642 - fulgil) 716-11 tgent Vame Address SCOTT RITCH 2 WILLIAMS STREET Address Cin Zφ URSILLO, TEITZ & RITCH, LTD. PROVIDENCE 02903-

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



*124805 DLLC	02/25/05/11:45:35 AM*
File Date	41 340)
Check No.	1039
Byr	C/-
FOR SECRETARY	OF STATE USE ONLY

Under penulty of perjury, I declare and affirm that I have curn ined this report, including any accompanying schedules and statuments, and that all statements contained herein are true and correct

Signature of Authorized Person Date

JOHN S. MARINI
Print or Type Name of Authorized Person

For 632 Rev. 6/02



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

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE T	YPED OR PR	INTED IN BL	ICK)					
7. ID No. *124805*		ct name of the limited liability company  ix-Norwood, LLC						
3. State of Formation	7	4. Brief descrip	tion of the character of the l	business which is actually cond	ucted in Rhode Island	<u> </u>		
Rhode Island N/A								
5. Principal office a	ddress			City	State	Zip		
345 Neponset Street			Canton	MA	0202	1		
6. MAILING AI	DDRESS O	FLIMITED	LIABILITY COMPA	Y AND NAME OR TIT	LE OF CONTACT	PERSON:		
Contact Name	<del></del>			Contact Title				
Lenox-Norwo	od, LLC			.Manager				
Street Address			<u> </u>	City	State	Zip		
345 Neponset	t Street			. Canton	MA	0202	1	
7. NAME AND A		FIEL IN S	PACES BEFORE USING	IMITED LIABILITY C ATTACUMENTS ("X"B RES FILING OF AMENDME	OX FOR ATTACHMEN	ח 🗆		
Manager Name			• Manager Name	• Manager Name				
Framing Com	pany, In	с.		•				
Street Address			· Street Address					
345 Neponse	t Street			•				
City		State	Zip	*City	State	Zip		
Canton		MA	02021	•				
Manager Name	• • • • •	' • • <u>•</u> • • •		Manager Name	• • • • • • • • • •		• • • • • •	
Street Address				*Street Address				
City		State	Zip	City	State	Zip		
	CENT IN RE	ODE ISLAN	ID -DO NOT ALTER- Ch	anges require filing	of Form 642 - R.I.G	L. 7-16-11-		
Agent Name			Address					
Scott Ritch			2 Williams Street					
Address			City	· · · · · · · · · · · · · · · · · · ·	Zip			
Ursillo, Teitz & Ritch, Ltd.			Providence	Providence 02		2903		
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This report must be signed in ink by an authorized person pursuant to 7-16-66.

File Date		` • · · · <u>· · · · · · · · · · · · · · · </u>	.~	-
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FOR SECRE	TARY OF STATE	USE ON		

Onder penalty of perjury, I declare and	attinn that I have examined
this report, including any accompanying	g schedules and statements,
and that all statements contained herein	n are true and correct.
John Many	Febru may
Signature of Authorized Person	Date
ICHN S MARINI	

Print or Type Name of Authorized Person

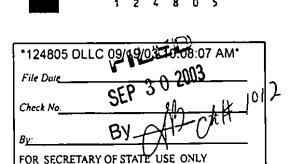


Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RJ 02903-1335
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST RE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company I. ID No. 124805 Lenox-Norwood, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation Acquire, Develope and market real estate, and all other as permitted by the Rhode RHODE ISLAND Island Limited Liability Company Act. State Zip City 5. Principal office address 02184 45 Braintree Hill Office Park, Suite 107 Braintree MA 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name N/A Stephen Marcus, Esq. Cirv State Zip Street Address .Braintree MA 02184 45 Braintree Hill Office Park Suite 107 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, AV 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 N/A Framing Company, Incorporated Street Address Street Address 45 Neponset Street State Zip City State Zip City MA 02021 Canton Manager Name Manager Name N/A N/A ·Sireei Address Street Address Zip City State City State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.Gl., 7-16-11 Address Agent Name 2 WILLIAMS STREET SCOTT RITCH City Address PROVIDENCE 02903-URSILLO, TEITZ & RITCH, LTD.

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



Inder penalty of perjury, I declare and his report, including any accompanyin and that all statements contained herein	g schedules and statements,
Main	9/25/03
Signature of Authorized Person	Date
JOHN S. MARINI	
Print or Type Name of Authorized Person	