



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. 124805		2 Exact name of the limited liability company Lenox-Norwood, LLC			
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island N/A			
5 Principal office address 345 NEPONSET STREET		City CANTON	State MA	Zip 02021-	
6 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name LENOX-NORWOOD, LLC Contact Title MANAGER					
Street Address 345 NEPONSET STREET		City CANTON	State MA	Zip 02021	
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: RJGL 7-16-12 (a) (2) / 7-16-52					
Manager Name FRAMING COMPANY, INC		Manager Name			
Street Address 345 NEPONSET STREET		Street Address			
City CANTON	State MA	Zip 02021	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 - RJGL 7-16-11					
Agent Name SCOTT RITCH		Address 2 WILLIAMS STREET			
Address URSILLO, TEITZ & RITCH, LTD.		City PROVIDENCE		Zip 02903-	

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



1 2 4 8 0 5

124805 DLLC 02/25/05 11:45:35 AM	
File Date	9/30/05
Check No.	1039
By	CA
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: John S. Marini Date: 9/1/05
JOHN S. MARINI
Print or Type Name of Authorized Person



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Office of the Secretary of State

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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. *124805*		2. Exact name of the limited liability company Lenox-Norwood, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island N/A	
5. Principal office address 345 Neponset Street		City Canton	State MA Zip 02021
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Lenox-Norwood, LLC		Contact Title Manager	
Street Address 345 Neponset Street		City Canton	State MA Zip 02021
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE 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 Framing Company, Inc.		Manager Name	
Street Address 345 Neponset Street		Street Address	
City Canton	State MA	Zip 02021	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 Scott Ritch		Address 2 Williams Street	
Address Ursillo, Teitz & Ritch, Ltd.		City Providence	Zip 02903

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



File Date	1-17-2005
Check No.	ALIS-17-2004
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]
Signature of Authorized Person
Date
Feb. 24, 2004
JOHN S. MARINI
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

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. 124805		2. Exact name of the limited liability company Lenox-Norwood, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Acquire, Develop and market real estate, and all other as permitted by the Rhode Island Limited Liability Company Act.	
5. Principal office address 45 Braintree Hill Office Park, Suite 107		City Braintree	State MA Zip 02184
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Stephen Marcus, Esq.		Contact Title N/A	
Street Address 45 Braintree Hill Office Park Suite 107		City Braintree	State MA Zip 02184
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 Framing Company, Incorporated		Manager Name N/A	
Street Address 45 Neponset Street		Street Address N/A	
City Canton	State MA	Zip 02021	City State Zip
Manager Name N/A		Manager Name N/A	
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 SCOTT RITCH		Address 2 WILLIAMS STREET	
Address URSILLO, TEITZ & RITCH, LTD.		City PROVIDENCE	Zip 02903-

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



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124805 DLLC 09/19/03 10:08:07 AM	
File Date	SEP 30 2003
Check No.	1012
By:	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 of Authorized Person: [Signature]
Date: 9/25/03
Print or Type Name of Authorized Person: JOHN S. MARINI