



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. 114605		2. Exact name of the limited liability company BOULEVARD OFFICES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATE, LEASE, SELL, BUY, AND ENCUMBER REAL ESTATE	
5. Principal office address 100 ARMISTICE BOULEVARD		City PAWTUCKET	State RI
		Zip 02860-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JEROME V SWEENEY		Contact Title	
Street Address 100 ARMISTICE BLVD.		City PAWTUCKET	State RI
		Zip 02860-	
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		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 JEROME V. SWEENEY, III ESQ.		Address 100 ARMISTICE BOULEVARD	
Address		City PAWTUCKET	Zip 02860-

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



1 1 4 6 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.

Signature of Authorized Person

Date

Jerome V. Sweeney, III

Print or Type Name of Authorized Person

114605 DLLC 05/05/05 12:01:57 PM	
File Date	9/2/05
Check No.	5224
By:	JM
FOR SECRETARY OF STATE USE ONLY	



STATE OF RHODE ISLAND
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Office of the Secretary of State,

Matthew A. Brown, 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

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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATE, LEASE, SELL, BUY, AND ENCUMBER REAL ESTATE	
5. Principal office address 100 ARMISTICE BOULEVARD		City PAWTUCKET	State RI Zip 02860-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JEROME V SWEENEY		Contact Title .	
Street Address 100 ARMISTICE BLVD.		City PAWTUCKET	State RI Zip 02860-
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		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JEROME V. SWEENEY, III ESQ.		Address 100 ARMISTICE BOULEVARD	
Address		City PAWTUCKET	Zip 02860-

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



1 1 4 6 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.

Signature of Authorized Person

Jerome V. Sweeney, III

Print or Type Name of Authorized Person

Date

114605 DLLC 09/09/04 10:34:27 AM

File Date

9/13/04

Check No.

1458

By:

DA

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02



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. 114605		2. Exact name of the limited liability company BOULEVARD OFFICES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATE, LEASE, SELL, BUY, AND ENCUMBER REAL ESTATE	
5. Principal office address 100 ARMISTICE BOULEVARD		City PAWTUCKET	State RI Zip 02860-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JEROME V SWEENEY		Contact Title .	
Street Address 100 ARMISTICE BLVD.		City PAWTUCKET	State RI Zip 02860-
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 .		Manager Name .	
Street Address .		Street Address .	
City .	State .	City .	State .
Manager Name .		Manager Name .	
Street Address .		Street Address .	
City .	State .	City .	State .
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JEROME V. SWEENEY, III		Address 100 ARMISTICE BOULEVARD	
Address .		City PAWTUCKET	Zip 02860-

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



1 1 4 6 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.

Signature of Authorized Person

Date

Jerome V. Sweeney, III
Print or Type Name of Authorized Person

114605 DLLC 09/03/03 02:49:39 PM

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02



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. 114605		2. Exact name of the limited liability company BOULEVARD OFFICES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATE, LEASE, SELL, BUY, AND ENCUMBER REAL ESTATE	
5. Principal office address 100 Armistice Boulevard		City Pawtucket	State RI
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Jerome V. Sweeney, III		Contact Title Member	
Street Address 100 Armistice Boulevard		City Pawtucket	State RI
		Zip 02860	
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 None		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JEROME V. SWEENEY, III		Address	
Address 100 ARMISTICE BOULEVARD		City PAWTUCKET	Zip 02860

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



* 1 1 4 6 0 5 *

File Date	9-4-02
Check No.	1179
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
Jerome V. Sweeney, III - Member
Print or Type Name of Authorized Person

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 114605

Annual Report for the year 2001

1. The name of the limited liability company is:

BOULEVARD OFFICES, LLC

2. The address of the principal office of the limited liability company is:

100 Armistice Blvd., Pawtucket, RI 02860

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: JEROME V. SWEENEY, III

100 ARMISTICE BOULEVARD PAWTUCKET RI 02860-

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: 100 Armistice Boulevard, Pawtucket, RI 02860

Jerome V. Sweeney, III

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Operate, lease, sell, buy, and encumber real estate

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

Name	Address
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

Dated September 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.

BOULEVARD OFFICES, LLC

Exact Name of Limited Liability Company

By

Member

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY
File Date: 9-5-01

Check No.: 1023

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