

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 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company 1. ID No. 114605 BOULEVARD OFFICES, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATE, LEASE, SELL, BUY, AND ENCUMBER REAL ESTATE RHODE ISLAND 5. Principal office address City State 100 ARMISTICE BOULEVARD PAWTUCKET RΙ 02860-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON; Contact Name Contact Title JEROME V SWEENEY Sireet Address City State Zip 100 ARMISTICE BLVD. . PAWTUCKET RI 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) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Sircei Address · Street Address City State Zip City State 7.ip Manager Name Manager Name Sircei Address ·Street Address City State Ciry Zip Zip 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 Address JEROME V. SWEENEY, III ESQ, 100 ARMISTICE BOULEVARD Address City Zip **PAWTUCKET** 02860-

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

114605	DLLC 05/05/95 12:01:57 PM
File Date	9/2/05
Check No.	5224

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

, III

Jerome Sweeney, III
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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

ID No.	2. Exact name of the lim				
114605 BOULEVARD OFFICES, LLC					_
State of Formation		•	business which is actually conducted in AND ENCUMBER REAL EST.		
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Principal office addr			City	State	Zip
100 ARMISTICE BOULEVARD			PAWTUCKET	RI	02860-
. MAILING ADD	RESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE (Contact Title	OF CONTACT P	ERSON:
EROME V SWEE	ENEY		• Comact Time		
reet Address			City	State	Zip
00 ARMISTICE	BLVD.		. PAWTUCKET	RI	02860-
NAME AND AD	DRESS OF EACH M	ANAGER OF THE	LIMITED LIABILITY COM	PANY, IF APPLI	CABLE
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anager Name	ANT MUDIFICATIONS	TO MANAGERS REQU	JIRES FILING OF AMENDMENT. R • Manager Name	LI.G.L 1-10-12 (8) (K/1 7-19-04
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ireei Address	· · -		*Street Address		· · ·
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Tity	State	Zip	City	State	Zip
fanager Name			· · · · · · · · · · · · · · · · · · ·		
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Street Address			•Street Address	·	
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lity	State	Zip	·City	State	Zip
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gent Name	NI IN KHODE ISLAN	D-DO NOT ALTER- C	Address	STITI O-12 KGKS	
	EENEY, III ESQ.		100 ARMISTICE	BOULEVARD	
JEROME V. SWI		-	City		Zip
JEROME V. SWI	<u>.</u>				
		• • • •	PAWTUCKET		02860-
Address	be signed in ink by a	n authorized person			02860-
Address	be signed in ink by a	n authorized person	pursuant to 7-16-66. Under penalty of pe	erjury, I declare and	d affirm that I have examing schedules and statemen
Iddress This report must b	be signed in ink by a		pursuant to 7-16-66. Under penalty of penal	g any accompanyir	affirm that I have examin
This report must b			pursuant to 7-16-66. Under penalty of penal	g any accompanyir	l affirm that I have examing schedules and statemen
Iddress This report must b	09/09/04 10:34:27 Al		Under penalty of penalty of penalty and that all statements	g any accompanyir ints contained herei	affirm that I have examing schedules and statement are true and correct.
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*114605 DLLC (09/09/04 10:34:27 Al		Under penalty of pethis report, including and that all statements.	g any accompanyir ints contained herei	affirm that I have examing schedules and statement are true and correct.



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) I. ID No. 2. Exact name of the limited liability company 114605 **BOULEVARD OFFICES, LLC** 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATE, LEASE, SELL, BUY, AND ENCUMBER REAL ESTATE RHODE ISLAND 5. Principal office address State 100 ARMISTICE BOULEVARD PAWTUCKET RΙ 02860-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title JEROME V SWEENEY Sireei Address State Cir 100 ARMISTICE BLVD . PAWTUCKET RI 02860-7. NAME AND ADDRESS OF EACH MANAGER OF THE LIGHTED LIABILITY COMPANY OF AUDICABLE FILL IN SPACES BEFORE USING ATTACHMENTS $(^{*}X^{*}BOX.FORATTACHMENT)$ 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 State Manager Name Manager Name Street Address ·Street Address State City State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL., 7-16-11 Agent Name Address JEROME V. SWEENEY, III 100 ARMISTICE BOULEVARD Address Zip **PAWTUCKET** 02860-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. *114605 DLLC 09/03/03 02:49:39 PM* File Date Signature of Authorized Person Check No. V. Sugenes Jerone V. Weeney Print or Type Name of Malhorized Person By: FOR SECRETARY OF STATE USE ONLY



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

114605 E 3. State of Formation RHODE ISLAND 5. Principal office address	Exact name of the lin BOULEVARD OFFIC 4. Brief descrip	nited liabilty company			
3. State of Formation RHODE ISLAND 5. Principal office address	4. Brief descrip		to the second se		
RHODE ISLAND 5. Principal office address		ition of th e character of t		All a La taland	
5. Principal office address	OPERATE,			Knoue Islana	
·		LEASE, SELL, BUY, A	AND ENCUMBER REAL ESTATE		
			City	State	Zip
100 Armistice Boulevard			Pawtucket	RI	02860
6. MAILING ADDRE	SS OF LIMITED	LIABILITY COMP	PANY AND NAME OR TITLE OF	F CONTACT PE	RSON:
Contact Name			Contact Title		
Jerome V. Swee	ney, III		· Member		
Street Address			City	State	Zip
100 Armistice			• Pawtucket	RI	02860
7. NAME AND ADDRI	SS OF EACH MA	ANAGER OF THE L	IMITED LIABILITY COMPANY	, IF APPLICAB	LE
	FILL IN S	PACES BEFORE USIN	G ATTACHMENTS ("X" BOX FO	OR ATTACHMENT)_]
A	NY MODIFICATIONS	TO MANAGERS REC	UIRES FILING OF AMENDMENT. R.I.	G.L 7-16-12 (a) (2) /	7-16-52
fanager Name		· — -	•Manager Name		
None			•		
Street Address			* Street Address		
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Manager Name	• • • • • • • •		Manager Name		
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8. RESIDENT AGENT	IN RHODE ISLAN	D-DO NOT ALTER- C	hanges require filing of For	m 642 - R.I.G.L. 7	-16-11
Agent Name			Address		
JEROME V. SWEENEY,	III				
Address			City	·i	Zip .
100 ARMISTICE BOULEVARD			PAWTUCKET	PAWTUCKET 02860-	

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



File Date	9-4-02	
Check No.	1179	
Ву:	2.	
FOR SECRI	ETARY 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

Date

Jerome V. Sweeney, III - Member

Print or type Name of Authorized Person

Form 632 Rev. 6/02

By:



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

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Revised 01/99

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., Pawtuc	ket, 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 PAW	TUCKET RI 02860-			
5.	. The current mailing address of the limited liability company and the name or title of a person to whom communicati may be directed are: 100 Armistice Boulevard, Pawtucket, RI 02860				
	Jerome V. Sweeney, III				
6.		the business in which the limited liability company is actually engaged in this			
7.	If the limited liability company has man	nagers, the name and address of each manager of the limited liability company Address			
Dated <u>September</u>	ated September 2001	Under penalty of perjury, I declare and affirm that I have examined thi report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
		BOULEVARD OFFICES, LLC			
	1 1 4 6 0 5	Exact Name of Limited Liability Company			
File	FOR SECRETARY OF STATE USE ONLY Date: 7-5-0/	Ву			
	,	Member Parkert			
Cno	eck No.: 1023	Title Form No. 632			