



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. 92105		2. Exact name of the limited liability company Across the Pond, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GENERAL PARTNER OF A LIMITED PARTNERSHIP WHICH OWNS AND OPERATES A HOTEL.	
5. Principal office address 416 Aborn Street 4th floor		City Providence	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Michael D. Corso		Contact Title Agent	
Street Address 416 Aborn Street, 4th floor		City Providence	State RI
		Zip 02903	
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 Vanderbilt Hall LP		Manager Name	
Street Address 416 Aborn Street 4th floor		Street Address	
City Providence	State RI	City	State
Zip 02903		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 MICHAEL D. CORSO, ESQ.		Address	
Address 46 ABORN STREET, 4TH STREET		City PROVIDENCE	Zip 02903

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



File Date	11/22/2005	*92105*
Check No.	ME dtt#5690	
By:		
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  Date 11/26/05
Michael D. Corso
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
401.222.3040LIMITED 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. 92105		2. Exact name of the limited liability company Across the Pond, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GENERAL PARTNER OF A LIMITED PARTNERSHIP WHICH OWNS AND OPERATES A HOTEL.	
5. Principal office address 15 Westminster St. Ste 731		City Providence	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Michael D. Corso		Contact Title Agent	
Street Address 15 Westminster St. Ste 731		City Providence	State RI
		Zip 02903	
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 Vanderbilt Hall L.P.		Manager Name	
Street Address 15 Westminster Street Ste 731		Street Address	
City Providence	State RI	City	State
Zip 02903		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 MICHAEL D. CORSO, ESQ.		Address CORNISH ASSOCIATES, LP	
Address 15 WESTMINSTER STREET, SUITE 731		City PROVIDENCE	Zip 02903

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



* 9 2 1 0 5 *

File Date	9-29-04
Check No.	4358
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.

Michael D. Corso **9-27-04**
Signature of Authorized Person Date
Michael D. Corso
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 92105		2. Exact name of the limited liability company Across the Pond, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island GENERAL PARTNER OF A LIMITED PARTNERSHIP WHICH OWNS AND OPERATES A HOTEL.	
5. Principal office address 15 Westminster Street, Suite 731		City Providence	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Michael D. Corso		Contact Title Agent	
Street Address 15 Westminster Street		City Providence	State RI
		Zip 02903	
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 Vanderbilt Hall, L.P.		Manager Name	
Street Address 15 Westminster Street, Suite 731		Street Address	
City Providence	State RI	City	State
Zip 02903		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 MICHAEL D. CORSO, ESQ.		Address CORNISH ASSOCIATES, LP	
Address 15 WESTMINSTER STREET, SUITE 731		City PROVIDENCE	Zip 02903

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



* 9 2 1 0 5 *

File Date	RECEIVED
Check No.	AUG 20 2004
By:	BY 10 3481
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
Date **10-30-03**
Michael D. Corso
Print or Type Name of Authorized Person



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. 92105		2. Exact name of the limited liability company Across the Pond, 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, operate, and lease real estate	
5. Principal office address 15 Westminister Street Suite 731		City Providence	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Michael D. Corso		Contact Title Agent	
Street Address 15 Westminister Street Suite 731		City Providence	State RI
		Zip 02903	
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 SEE ATTACHED		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 MICHAEL D. CORSO, ESQ.		Address CORNISH ASSOCIATES, LP	
Address 15 WESTMINSTER STREET, SUITE 731		City PROVIDENCE	Zip 02903

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



* 9 2 1 0 5 *

File Date	11-4-02
Check No.	2857
By:	
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 Date 11/1/02

Print or Type Name of Authorized Person

Across the Pond, LLC

List of Managers

Arnold B. Chace, Jr.

15 Westminster Street, Ste. 731
Providence, RI 02903

Douglas S. Storrs

15 Westminster Street, Ste. 731
Providence, RI 02903

Michael D. Corso

15 Westminster Street, Ste. 731
Providence, RI 02903

John E. Clarkson

619 East High Street, P.O. Box 2429
Charlottesville, VA 22902

Elizabeth Blaine

619 East High Street, P.O. Box 2429
Charlottesville, VA 22902

Grant Howlett

619 East High Street, P.O. Box 2429
Charlottesville, VA 22902

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 DLIC 92105

Annual Report for the year 2001

1. The name of the limited liability company is:

Across the Pond, LLC

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

15 Westminster Street, Suite 731, Providence, RI 02903

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: MICHAEL D. CORSO, ESQ.

CORNISH ASSOCIATES, LP 15 WESTMINSTER STREET, SUITE 731 PROVIDENCE RI 02903

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: Michael D. Corso, Esq.

15 Westminster Street, Ste. 731, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: It is the general partner of a limited partnership which owns and operates a hotel.

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

Name

Address

see attached Schedule

Dated 10/31/01



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.

Across the Pond, LLC

Exact Name of Limited Liability Company

By

Michael D. Corso
Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10/31/2001

Check No.: 2231

By: [Signature]

Form No. 632
Revised 01/99

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 obtained by contacting this office at (401) 222-3040.

Across the Pond, LLC

List of Managers

Arnold B. Chace, Jr.	15 Westminster Street, Ste. 731 Providence, RI 02903
Douglas S. Storrs	15 Westminster Street, Ste. 731 Providence, RI 02903
Michael D. Corso	15 Westminster Street, Ste. 731 Providence, RI 02903
John E. Clarkson	619 East High Street, P.O. Box 2429 Charlottesville, VA 22902
Elizabeth Blaine	619 East High Street, P.O. Box 2429 Charlottesville, VA 22902
Grant Howlett	619 East High Street, P.O. Box 2429 Charlottesville, VA 22902

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 DLIC 92105

Annual Report for the year 2000

1. The name of the limited liability company is:

Across the Pond, LLC

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

15 Westminster Street, Ste. 731, Providence, RI 02903

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: GERALD PARASCANDOLO

BROWN RUDNICK FREED & GESMER ONE PROVIDENCE WASHINGTON PLAZA PROVIDENCE RI 02903

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: Michael D. Corso

15 Westminster Street, Ste. 731, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: It is the general partner of a limited partnership which owns and operates a Hotel

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

Arnold B. Chace, Jr.

15 Westminster Street, Ste. 731, Prov. RI 02903

Douglas S. Storrs

15 Westminster Street, Ste. 731, Prov. RI 02903

John Clarkson

41 Mary Street, Newport, RI 02840

Dated 10-30-00



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.

Across the Pond, LLC

Exact Name of Limited Liability Company

By [Signature]

Manager
Title

FOR SECRETARY OF STATE USE ONLY

FILED

File Date: OCT 30 2000

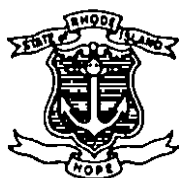
Check No.: 253336

By: [Signature]

Form No. 632
Revised 01/99

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 LL 92105

Annual Report for the year 1999

1. The name of the limited liability company is:

Across the Pond, LLC

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

731 Hospital Trust Building, Providence, RI 02903

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: GERALD PARASCANDOLO

BROWN RUDNICK FREED & GESMER ONE PROVIDENCE WASHINGTON PLAZA PROVIDENCE, RI 02903

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: Michael D. Corso

731 Hospital Trust Building, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: It is the general partner of a limited partnership which owns and operates a hotel.

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

See attached schedule

Dated _____



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.

Across the Pond, LLC

Exact Name of Limited Liability Company

By [Signature] 10/19/99
Manager
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	FILED OCT 28 1999
Check No.:	By <u>AND 3302</u>
By:	<u>[Signature]</u>

Form No. 632
Revised 01/99

Across the Pond, LLC

List of Managers

Arnold B. Chace, Jr.	731 Hospital Trust Building Providence, RI 02903
Douglas S. Storrs	731 Hospital Trust Building Providence, RI 02903
John E. Clarkson	41 Mary Street Newport, RI 02840
Grant Howlett	41 Mary Street Newport, RI 02840

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 LL 92105

Annual Report for the year 1998

1. The name of the limited liability company is:

Across the Pond, LLC

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

731 Hospital Trust Building, Providence, RI 02903

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: GERALD PARASCANDOLO

BROWN RUDNICK FREED & GESMER ONE PROVIDENCE WASHINGTON PLAZA PROVIDENCE, RI 02903

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: Michael D. Corso, 731 Hospital Trust Building,

Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: It is the general partner of a limited partnership which owns and operates

a hotel.

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

Name

Address

See attached schedule

Dated 10/9, 1998



* 9 2 1 0 5 *

FOR SECRETARY OF STATE USE ONLY

File Date: 10-15-98

Check No.: 570

By: WP

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.

Across the Pond, LLC

Exact Name of Limited Liability Company

By: [Signature]

Manager

Title

Form No. LLC-19
Revised 8/97

DETACH BOTTOM BEFORE RETURNING

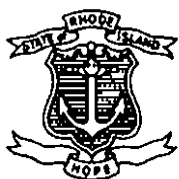
Across the Pond, LLC

List of Managers

Arnold B. Chace, Jr.	731 Hospital Trust Building Providence, RI 02903
Douglas S. Storrs	731 Hospital Trust Building Providence, RI 02903
John E. Clarkson	41 Mary Street Newport, RI 02840
Grant Howlett	41 Mary Street Newport, RI 02840

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

LIMITED LIABILITY COMPANY

ID Number 0032105

Annual Report for the year 1997

- The name of the limited liability company is:
Across the Pond, LLC
- The address of the principal office of the limited liability company is:
731 Hospital Trust Building, Providence, RI 02903
- The state or other jurisdiction under the laws of which it is formed is: Rhode Island
- The name and address of its resident agent is: Gerald Parascandolo, Esq., Brown, Rudnick,
Freed & Gesmer, One Providence Washington Plaza, Providence, RI 02903
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: John M. Kelly, Esq., 731 Hospital Trust Building,
Providence, RI 02903
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: it is the general partner of a limited partnership which owns and operates
a hotel.
- If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

See attached Schedule

Dated September 9, 19 97

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.

Across the Pond, LLC

Exact Name of Limited Liability Company

By [Signature]

Manager

Title

Across the Pond, LLC

List of Managers

Arnold B. Chace, Jr.	731 Hospital Trust Building Providence, RI 02903
Douglas S. Storrs	731 Hospital Trust Building Providence, RI 02903
John M. Kelly	731 Hospital Trust Building Providence, RI 02903
John E. Clarkson	41 Mary Street Newport, RI 02840
Stephen W. Mitchell	41 Mary Street Newport, RI 02840
Grant Howlett	41 Mary Street Newport, RI 02840