

Matthew A. Brown, Secretary of State Corporations Division 148 W. River Street, Providence, RI 02904-2615 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

I. ID No.	2. Exact n	name of the limit	iea naonny company							
133207		Fountain Street, LLC								
3. State of Formation		4. Brief description of the character of the business which is actually conducted in Rhode Island								
RHODE ISLAN	D	ACQUISITIO	TION, LEASE AND CONVEYANCE OF REAL PROPERTY							
5. Principal office address				City	State	Zip				
48 NORTH COURT, UNIT 3			PROVIDENCE	RI	02903					
6. MAILING ADDRESS OF LIMITED LIABILITY COMPAN Contact Name BEVERLY C WALTERS				NY AND NAME OR TITLE OF CONTACT PERSON:  Contact Title						
Street Address	Siree: Address				State	Zip				
48 NORTH COU	48 NORTH COURT, UNIT 3				RI	02903				
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Manager Name	ANY MOI	DIFICATIONS 1	TO MANAGERS REC	OUIRES FILING OF AMENDMENT.	R.I.G.L 7-16-12 (a) (2) <i>i</i>	7-16-52				
	ANY MOI	DIFICATIONS 1	TO MANAGERS REC	<del></del>	R.I.G.L 7-16-12 (a) (2)	7-16-52				
Manager Name  Street Address  City		DIFICATIONS 1	TO MANAGERS REC	• Manager Name • •	R.I.G.L 7-16-12 (a) (2)	Zip				
Sireel Address		-		• Manoger Name • • • • Sireei Address •						
Street Address City		-		• Manoger Name • Street Address • City						
Sireei Address  City  Manager Name  Street Address	s	-		• Manoger Name • Street Address • City • Manoger Name						
Street Address  City  Manager Name  Street Address  City	]S	State	Zip	*Street Address  *City  *Manager Name  *Street Address	State	Zip				
Street Address  City  Manager Name  Street Address  City	]S	State	Zip	• Manager Name • Street Address • City • Manager Name • Street Address	State	Zip				
Street Address  City  Manager Name  Street Address  City  8. RESIDENT AG	S ENT IN RHO	State State ODF ISLAND	Zip	Manager Name Sireel Address  Manager Name Sireel Address City Changes require filing of F	State State orm 642 - R.I.G.L. 7	Zip				
Street Address  City  Manager Name  Street Address  City  8. RESIDENT AG  Agent Name	S ENT IN RHO	State State ODF ISLAND	Zip	· Manager Name  · Street Address  · City  · Manager Name  · Street Address  City  Changes require filing of F  Address	State State orm 642 - R.I.G.L. 7	Zip				

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



*133207 DLLC 08/30/06 11:49:41 AM*
File Date 4/13/08
Check No. SP9
Bv:
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



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

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 133207 130 Fountain Street, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation Acquisition, Lease & Conveyance of Real Property Rhode Island 5. Principal office address State 48 N. Court, Unit 3 Providence RI 02906 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Beverly C. Walters .Member Street Address City State ZĮρ 48 N. Court, Unit 3 . Providence RΙ 02906 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 Street Address Street Address City State Ζф State ·City Zip Manager Name Manager Name Street Address ·Street Address City State Zω Spire Zio 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filling of Form 642 - R.I.G.I., 7-16-11 Agent Name Address Dean G. Robinson East Providence Address City ΖĮp 670 Willett Avenue Rhode Island 02915

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

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FOR SECRI	ETARY	OF S	TATE	E US	E O	NLY		

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

Beverly C. Walters

Print or Type Name of Authorized Person