

Agent Name

Address

ROBERT CLARK

4 BROOKSIDE ROAD

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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liability company 1. ID No. 114007 **Brook Investments, LLC** 3 State of Formation 4. Brief description of the character of the histiness which is actually conducted in Rhode Island **RENTAL PROPERTY** RHODE ISLAND 5 Principal office address State Rel 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name State Brookside Road 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPAN ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) $\overline{(2)}$ / 7-16-52 Manager Name Manager Name Street Address State Manager Name Sircet Address Street Address 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

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

Address

City WESTERLY

File Date	

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.

Zφ

02891-

Signature of Authorized Person

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, Rt 92903-1335

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

(FORM MUST BE TYPED OR PRI		Filing Fee: \$50.00			
	name of the limited hab	ulay company	 		
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3 State of Formation	4 Brief description of I	he character of the business wh	ich is actually conducted in Rhode Is	land	
RI	KERLE	STATE HOLD	ING CO.		
5 Principal office address	$\overline{}$		City	Sienc	Zφ
6. MAILING ADDRESS OF 1		COMPLETE	WESTERLY	1 K. J).	10289/
Contact Name	LIMITED LIABILITY	COMPANY AND NAME	•	RSON:	•
KOBER	T.G. CLAR	K_	PRESIDENT		
Street Address			City	State	Zφ
4 DRM	usine to		UKCTEDIN	$\mathcal{P}(0)$	02891
7. NAME AND ADDRESS OF	F EACH MANAGER	OF THE LIMITED LIABI	LITY COMPANY, IF APPLIC	ABLE	100077
	FILL IN SPACES	BEFORE USING ATTAC	HMENTS ("X" BOX FOR A	ATTACHMENTI 🗆	
ANY MOD	IFICATIONS TO MA	NAGERS REQUIRES FIL	ING OF AMENDMENT, R.L.G	i.L. 7-16-12 (a) (2) / 5	7-16-52
Manager Name	DA		Manager Name		
KOBER	PT (5. (1)	ARK			
Street Address			Street Address	··	
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WESTERIV	State D.	02891	Ciņi	State	Zφ
Manager Name	.l <i>.1</i> %: 		Manager Name		
			The state of the s		
Street Address			Street Address		 _
Сиу	State	Zıp	City	State	Zip
O DECIDUAL ACENT IN DE		1		1	
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					
THE THE PARTY OF T			Address		
Address		·	City	Zip	·
	 ,		<u> </u>		

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

	including any accompanying sel
File Date 7/1/0 5	contained herein are true and co
	5556
Check No	Signature of Authorized Person
By DA	- Robert CV
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized

are and affirm that I have examined this report, nedules and statements, and that all statements, rrect.)Date



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

(FORM MUST BE TYPED		1 mng 1 ce. 350.00					
1. ID No.		2. Exact name of the limited hability company					
114007	Brook Investment	Brook Investments, LLC					
3. State of Formation	4 Brief description	of the character of the business	which is actually conducted in Ri	hode Island			
RHODE ISLAND	RENTAL PROF	PERTY					
5. Principal office address H B COO G. MAILING ADDRE	Kside Rd	TY COMPANY AND NA	City Westerl	State RI	82891		
Contact Name Rob	urt Clar	K	Contact Title Preside	ent			
Street Address 4 B	rookside	Rd.	Westerly	State RI	02891		
		ES BEFORE USING AT		PPLICABLE FOR ATTACHMENT) [] R.J.G.L. 7-16-12 (a) (2)	/ 7·16-52		
Hobert Clark			identigo Same	inimago. Sina			
Sirver Address 4 Brookside Rd			Street Address				
Westerly	State RI	02891	City	State	Zip		
Manager Name			Manager Name				
Street Address			Sirvet Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT Agent Name	T IN RHODE ISLAND - I	O NOT ALTER - Chang	: cs require filing of Form	n 642 - R.I.G.L. 7-16-11	'		
ROBERT CLARK							
4 BROOKSIDE ROAD			City. WESTERLY	1 '			
				<u> </u>			

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

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File Date

Check No. DEC 03 2003

By: 3v M 320 G M

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

Print or Type Name of Authorized Person

Form 632 Rev. 7/03



2. Exact name of the limited liabilty company

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.

Edward S. Inman, 111, 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

114007	Brook Investments, L					
3. State of Formation RHODE ISLAND	4. Brief description		he business which is actually conducted in R	hode Island		
5. Principal office addre	1	·· -	City	State	Zip	
4 Brook			Westerly	KI	02891	
A			ANY AND NAME OR TITLE OF	CONTACT PERSO	<u>N:</u>	
Robe	ert Clark		Preside	nt		
Sirect Address	ert Clark Brookside	Road	Ciny Westerly	State RI	Zip 028-91	
7. NAME AND ADD	FILL IN SPA	CES BEFORE USIN	IMITED LIABILITY COMPANY, G ATTACHMENTS ("X" BOX FOR	R ATTACHMENT		
Manager Name	ANY MODIFICATIONS I	U MANAGERS REQ	UIRES FILING OF AMENDMENT. R.I.G *Manager Name	.L 7-16-12 (a) (2) / 7-10	5-52	
Street Address			• Street Address			
Ciry	State	Zip	*City	State	Zip	
Munager Name	J		'Manager Name	. 1		
Street Address			Street Address			
City	State	Zip	Ciry	State	Zip	
	T IN RHODE ISLAND	-DO NOT ALTER- C	hanges require filing of Form	642 - R.J.G.L. 7-16-11		
Agent Name ROBERT CLARK			Address			
Address		· · · · · · · · · · · · · · · · · · ·	City	Zip		
4 BROOKSIDE ROAD			WESTERLY		02891-	
This report must be	signed in ink by an	authorized person	n pursuant to 7-16-66.			
File Date Check No. By: FOR SECRETARY OF	6/02 152. OAM STATE USE ONLY	- - -	Under penalty of perjury this report, including an and that all statements of Signature of Authorized Portion or Type Name of Autorized Portion or Type Name of Autorized Portion of Type Name of Type Na	y accompanying schedule ontained herein are true	ales and statements, and correct.	
L					Form 632 Rev. 6/0	

Filing Fee: \$50.00

By:

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

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LIMITED LIABILITY COMPANY

ID	Number DLLC 114007	Annual Report for the year 2001				
1.	The name of the limited liability compa	ny is:				
	Brook Investments, LLC					
2.	The address of the principal office of the Brookside	Rd., Westerly, RI 02891				
3.		e laws of which it is formed is RHODE ISLAND				
4.	The name and address of its resident	agent is: ROBERT CLARK				
	4 BROOKSIDE ROAD WESTERLY F	II 02891-				
5.		ited liability company and the name or title of a person to whom communications W. R. 02891				
6.						
7.	If the limited liability company has man Name	nagers, the name and address of each manager of the limited liability company Address				
Da	ated <u>Oct. 30, 2001</u>	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. Brook Investments, LLC Exact Name of Limited Liability Company				
File	FOR SECRETARY OF STATE USE ONLY to Date:	Ву				
Ch By	eck No.: 1042	Title Form No. 632 Revised 01/99				