



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. <b>114007</b>		2. Exact name of the limited liability company <b>Brook Investments, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>RENTAL PROPERTY</b>	
5. Principal office address <b>4 Brookside Road</b>		City <b>Westerly</b>	State <b>RI</b>
		Zip <b>02891</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Robert Clark</b>		Contact Title	
Street Address <b>4 Brookside Road</b>		City <b>Westerly</b>	State <b>RI</b>
		Zip <b>02891</b>	
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 <b>Robert Clark</b>		Manager Name	
Street Address <b>4 Brookside Road</b>		Street Address	
City <b>Westerly</b>	State <b>RI</b>	City	State
Zip <b>02891</b>		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 <b>ROBERT CLARK</b>		Address	
Address <b>4 BROOKSIDE ROAD</b>		City <b>WESTERLY</b>	Zip <b>02891</b>

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



File Date	<b>11/15/05</b>	<b>114007</b>
Check No.	<b>1600</b>	
By:	<b>M. H. 1600</b>	
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.

**Robert Clark** **10/7/05**  
Signature of Authorized Person Date  
**Robert Clark**  
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 02903-1535  
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)

1 ID No. 114607		2 Exact name of the limited liability company BROOK INVESTMENTS LLC			
3 State of Formation RI		4 Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING CO.			
5 Principal office address 14 HORNE DR.		City WESTERLY	State R.I.	Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT G. CLARK		Contact Title PRESIDENT			
Street Address 4 BROOKSIDE RD.		City WESTERLY	State R.I.	Zip 02891	
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 ROBERT G. CLARK		Manager Name			
Street Address 14 HORNE DR.		Street Address			
City WESTERLY	State R.I.	Zip 02891	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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					
Agent Name		Address			
Address		City		Zip	

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

File Date	7/1/05
Check No.	1575
By	DA
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  
Robert Clark  
Date  
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. 114007		2. Exact name of the limited liability company Brook Investments, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL PROPERTY	
5. Principal office address 4 Brookside Rd		City Westerly	State RI
		Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Robert Clark		Contact Title President	
Street Address 4 Brookside Rd.		City Westerly	State RI
		Zip 02891	
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 Robert Clark		Manager Title	
Street Address 4 Brookside Rd		Street Address	
City Westerly	State RI	City	State
Zip 02891		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 ROBERT CLARK		Address	
Address 4 BROOKSIDE ROAD		City WESTERLY	Zip 02891-

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



\* 1 1 4 0 0 7 \*

FILED

File Date

DEC 03 2003

Check No.

By: 3v M13210 GAB

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

9/15/03  
DateRobert Clark  
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. <b>114007</b>		2. Exact name of the limited liability company <b>Brook Investments, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>RENTAL PROPERTY</b>	
5. Principal office address <b>4 Brookside Road</b>		City <b>Westerly</b>	State <b>RI</b>
		Zip <b>02891</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Robert Clark</b>		Contact Title <b>President</b>	
Street Address <b>4 Brookside Road</b>		City <b>Westerly</b>	State <b>RI</b>
		Zip <b>02891</b>	
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	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 <b>ROBERT CLARK</b>		Address	
Address <b>4 BROOKSIDE ROAD</b>		City <b>WESTERLY</b>	Zip <b>02891</b>

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



\* 1 1 4 0 0 7 \*

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.

File Date 9/6/02  
Check No. 1152  
By: COA

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person

Date

Robert Clark  
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 DLIC 114007

Annual Report for the year 2001

1. The name of the limited liability company is:

Brook Investments, LLC

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

4 Brookside Rd., Westerly, RI 02891

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: ROBERT CLARK

4 BROOKSIDE ROAD WESTERLY RI 02891-

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: Robert Clark, Pres., 4 Brookside Rd.

Westerly, RI 02891

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Rental property

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

Name

Address

Dated Oct. 30, 2001



1 1 4 0 0 7

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

By

[Signature]

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

10-31-01

Check No.:

1042

By:

[Signature]

Form No. 632  
Revised 01/99