



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. 121608		2. Exact name of the limited liability company SEA CON PHOENIX PROPERTIES, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING COMPANY			
5. Principal office address 50 Airport Road		City Westerly	State RI	Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name William A. Nardone			Contact Title		
Street Address 53 High Street		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			Manager Name		
Street Address			Street Address		
City	State	Zip	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 WILLIAM A. NARDONE			Address		
Address 53 HIGH STREET			City WESTERLY	Zip 02891-	

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



FILED
121608*

File Date **OCT 03 2006**

Check No. _____

By: **1307**

FOR SECRETARY OF STATE USE ONLY: **GM**

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.

Frank A. Ravello 9/26/06
Signature of Authorized Person Date

FRANK A. RAVELLE
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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Main form containing fields for ID No., Exact name of the limited liability company, State of Formation, Brief description of the character of the business, Principal office address, Mailing address, and Manager information.

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



* 1 2 1 6 0 8 *

FOR SECRETARY OF STATE USE ONLY
File Date: 11/1/04
Check No.: 1179
By: DA

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: Frank A. Ravenelle
Date: 10/27/04

Print or Type Name of Authorized Person: FRANK A. RAVENELLE (V.P.)



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. 121608		2. Exact name of the limited liability company SEA CON PHOENIX PROPERTIES, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING COMPANY			
5. Principal office address 50 Airport Road		City Westerly	State RI	Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name William A. Nardone			Contact Title		
Street Address 53 High Street		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			Manager Name		
Street Address			Street Address		
City	State	Zip	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 WILLIAM A. NARDONE			Address		
Address 53 HIGH STREET		City WESTERLY	Zip 02891-		

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



File Date 10/2/03
 Check No. 1152
 By: [Signature]
 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.

Frank A. Ravenelle 9/18/03
 Signature of Authorized Person Date
Frank A. Ravenelle
 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. 121608		2. Exact name of the limited liability company SEA CON PHOENIX PROPERTIES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island real estate holding company	
5. Principal office address 50 Airport Road		City Westerly	State RI Zip 02891
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name William A. Nardone		Contact Title	
Street Address 53 High Street		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		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
8. RESIDENT AGENT IN RHODE ISLAND-DO NOT ALTER-Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name William A. Nardone		Address	
Address 53 High Street		City Westerly	Zip 02891

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
MAY 20 11 27 AM '03

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



1 2 1 6 0 8

File Date 5-20-03
Check No. 1011
By: [Signature]
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.

Frank A. Ravenelle 5/15/03
Signature of Authorized Person Date
Frank A. Ravenelle
Print or Type Name of Authorized Person