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.	2. Exact name of the limited liability company
106309	HOPKINTON ASSOCIATES, LLC.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	To engage in the development and sale of real estate and sales related business, and to engage in any other lawful activity for which a LLC may engage.

5. Principal office address	City	State	Zip
Calart Tower, Suite 3A, 400 Reservoir Avenue	Providence	RI	02907

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Arnold N. Montaquila	

Street Address	City	State	Zip
Calart Tower, Suite 3A, 400 Reservoir Avenue	Providence	RI	02907

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	Street Address	City	State	Zip
ASCO Group, Inc.	1A Liena Rose Way	Coventry	RI	02816

Manager Name	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**

Agent Name	Address	City	Zip
MONTAQUILA & SUMMER, PC	400 Reservoir Avenue	Providence	02907
	Calart Tower, Suite 3A		

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

[redacted]

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.

[redacted] 9/2/05

Signature of Authorized Person *Date*

JOHN R. ASSALONE

Print or Type Name of Authorized Person

[redacted]

File Date 9/14/05

Check No. 1731

By:

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

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)

1. ID No.	2. Exact name of the limited liability company
106309	HOPKINTON ASSOCIATES, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	TO ENGAGE IN THE DEVELOPMENT AND SALE OF REAL ESTATE AND SALES RELATED BUSINESS AND TO ENGAGE IN AN Y OTHER LAWFUL ACTIVITY FOR WHICH A LLC MAY ENGAGE.

5. Principal office address	City	State	Zip
CALART TOWER SUITE 3A, 400 RESERVOIR AVE.	PROVIDENCE	RI	02907-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
ARNOLD MONTAQUILA	

Street Address	City	State	Zip
CALART TOWER STE. 3A 400 RESERVOIR AVE	PROVIDENCE	RI	02907-

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	Street Address	City	State	Zip
ASCO Group, Inc.	1A Liena Rose Way	Coventry	RI	02816

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	City	Zip
MONTAQUILA & SUMMER, P.C.	400 RESERVOIR AVENUE, SUITE 3A		
	CALART TOWER	PROVIDENCE	02907

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

[redacted] 106309 [redacted]

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.

10/8/04
Signature of Authorized Person *Date*

John R. Assalone
Print or Type Name of Authorized Person

106309 DLLC 09/10/04 08:55:33 AM
File Date 10/12/04
Check No. 1519
By: DA
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

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.	2. Exact name of the limited liabilty company
106309	HOPKINTON ASSOCIATES, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	TO ENGAGE IN THE DEVELOPMENT AND SALE OF REAL ESTATE AND SALES RELATED BUSINESS AND TO ENGAGE IN AN Y OTHER LAWFUL ACTIVITY FOR WHICH A LLC MAY ENGAGE.

5. Principal office address	City	State	Zip
CALART TOWER SUITE 3A, 400 RESERVOIR AVE.	PROVIDENCE	RI	02907-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
ARNOLD MONTAQUILA	

Street Address	City	State	Zip
CALART TOWER STE. 3A 400 RESERVOIR AVE	PROVIDENCE	RI	02907-

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	Street Address	City	State	Zip
ASCO GROUP, INC.	1A Liena Rose Way	Coventry	RI	02816

Manager Name	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

Agent Name	Address	City	Zip
MONTAQUILA & SUMMER, P.C.	400 RESERVOIR AVENUE, SUITE 3A	PROVIDENCE	02907

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

[redacted] 106309 [redacted]

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.

9/24/03
Signature of Authorized Person *Date*

JOHN R ASSAIANTE
Print or Type Name of Authorized Person

106309 DLLC 09/16/03 12:16:12 PM
File Date 10-14-03
Check No. 1232
By: [redacted]
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, 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*

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
106309	HOPKINTON ASSOCIATES, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	TO ENGAGE IN THE DEVELOPMENT AND SALE OF REAL ESTATE AND SALES RELATED BUSINESS AND TO ENGAGE IN AN Y OTHER LAWFUL ACTIVITY FOR WHICH A LLC MAY ENGAGE.

5. Principal office address	City	State	Zip
CALART TOWER SUITE 3A, 400 RESERVOIR AVE.	PROVIDENCE	RI	02907-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
ARNOLD MONTAQUILA	

Street Address	City	State	Zip
CALART TOWER STE. 3A 400 RESERVOIR AVE	PROVIDENCE	RI	02907-

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	Street Address	City	State	Zip
ASCO GROUP, INC.	1A Liena Rose Way	Coventry	RI	02816
Manager Name	Street Address	City	State	Zip
Manager Name	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

Agent Name	Address	City	Zip
MONTAQUILA & SUMMER, P.C.	400 RESERVOIR AVENUE, SUITE 3A	PROVIDENCE	02907
Address			
CALART TOWER			

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

[redacted] *106309*

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.

[redacted] 1/9/03
Signature of Authorized Person *Date*

Arnold N. Montaquila, General Counsel
Print or Type Name of Authorized Person

106309 DLLC1/7/033:14:53 PM
File Date 1-13-03
Check No. 1025
By: QC
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

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 DLLC 106309 **Annual Report for the year** 2001

1. The name of the limited liability company is:

   HOPKINTON ASSOCIATES, LLC

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

   Calart Tower, Suite 3A, 400 Reservoir Avenue, Providence, RI 02907

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: MONTAQUILA & SUMMER, P.C.

   CALART TOWER 400 RESERVOIR AVENUE, SUITE 3A PROVIDENCE RI 02907

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: Arnold Montaquila, Calart Tower, Suite 3A, 400 Reservoir Avenue, Providence, RI 02907

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To engage in the development and sale of real estate and sales related business and to engage in any othe rlawful activity for whic a LLC may engage

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

Name	*Address*
ASCO Group, Inc.	1A LIena Rose Way, Coventry, RI 02816

Dated _____

106309

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.

HOPKINTON ASSOCIATES, LLC
Exact Name of Limited Liability Company

By _____

General Counsel
Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY
File Date: 9-24-01
Check No.: 2979
By:

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

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 DLLC 106309 **Annual Report for the year** 2000

1. The name of the limited liability company is:

   HOPKINTON ASSOCIATES, LLC

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

   Calart Tower, Suite 3A, 400 Reservoir Avenue, Providence, RI 02907

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: MONTAQUILA & SUMMER, PC

   CALART TOWER, SUITE 3A 400 RESERVOIR AVENUE PROVIDENCE RI 02907

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: Arnold Montaquila, Montaquila & Summer, Calart Tower, Suite 3A

   400 Reservoir Avenue, Providence, RI 02907

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To engage in the development and sale of real estate and sales related business and to engage in any other lawful activity for which a LLC may engage

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

Name	*Address*
ASCO Group, Inc.	1A Liena Rose Way, Coventry, RI 02816

Dated _____

106309

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.

HOPKINTON ASSOCIATES, LLC
Exact Name of Limited Liability Company

By _____

General Counsel
Title

FOR SECRETARY OF STATE USE ONLY
File Date: 9/19
Check No.: 2224
By:

Form No. 632
Revised 01/99