

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) 2. Exact name of the limited liabilty company I. ID No. 106309 HOPKINTON ASSOCIATES, LLC. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island To engage in the development and sale of real estate and sales related business, and Rhode Island to engage in any other lawful activity for which a LLC may engage. State 5. Principal office address Cirv 7.ip Providence RI Calart Tower, Suite 3A, 400 Reservoir Avenue 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 Calart Tower, Suite 3A, 400 Reservoir Avenue RI 02907 .Providence 7.NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED MABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX PORATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name ASCO Group, Inc. Street Address ·Street Address lA Liena Rose Way ·Cirv State City State Zip Zip D2816 Coventry RI Manager Name Manager Name Street Address Street Address State City City Zip Z_{ip} State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filling of Form 642 - RJ.G.L. 7-16-11 Address MONTAQUILA & SUMMER, PC 400 Reservoir Avenue Address City Zip Providence Calart Tower, Suite 3A 02907

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

•	9/14/05
File Date	1///////
Check No.	/73/
ву:	mi
FOR SFORE	TARY OF STATE USE ONLY

	Under penalty of perjury, I declare and affirm that I	
	this ropy colliding any accompanying schedules a and that all statements contained herein are true and	correct.
	X///\ ///	9/7/5
1	Stimulere of Authorized Rerso Dale	
	Frint or Type Name of Authorized Person	
		Form 632 Day 6/07



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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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. <i>ID Na.</i> 106309	1	imited liability company			
State of Formation	<u> </u>	<u> </u>	business which is actually conducted	in Rhode Island	
RHODE ISLAND	TO ENGAG	E IN THE DEVELOPME	ENT AND SALE OF REAL ES	TATE AND SALES	
Principal office add	ress		City	State	Zip
	SUITE 3A, 400	·	PROVIDENCE	RI	02907-
. MAHLING ADE intact Name RNOLD MONTA		LIABILITY COMPA	NY AND NAME OR TITLE Contact Title	OF CONTACT PER	SON:
eet Address			Ciry	State	7.10
CALART TOWER STE. 3A 400 RESERVOIR AVE			PROVIDENCE	RI	02907-
NAME AND AL	FILL IN	SPACES BEFORE, USING	IMITED LIABILITY COMI ATTACHMENTS ("X" BOX F RES FILING OF AMENDMENT. R	OR ATTACHMENT)	
nager Name			·Manager Name		
SCO Group, 1	Inc.		•		
reet Address			* Street Address		
A Liena Rose	Way		•		
ïn	State	Zip	*City	State	Zip
oventry Janager Name	JRI	02816	Manager Name		
rees Address			*Street Address		
ity	State	Zip	City	State	Цp
ent Name MONTAQUILA 8 Idress	SUMMER, P.C.	·	Address 400 RESERVOIR /	AVENUE, SUITE	
ALART TOWER			PROVIDENCE		2907
us report must b	e signed in ink by	an authorized person p	oursuant 10 7-16-66.		
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	1 0 6 3 0 9		this report, including	g any accompanying so	rm that I have examined hedules and statements,
File Date	09/10/04 08:55:33 A	<u>т</u>	this report, including and that all statemen	g any accompanying so	hedules and statements,
106309 DLLC (File Date	1 0 6 3 0 9 09/10/04 08:55:33 A 1519 DA	м. Т	this report, including	g any accompanying so ats contained herein are	hedules and statements,



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FORM MUST BE TYPED						
	Exact name of the limite IOPKINTON ASSO					
3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island						
RHODE ISLAND			AND SALE OF REAL EST THE ACTIVITY FOR WHICH			
5. Principal office address CALART TOWER SUITE 3A, 400 RESERVOIR AVE.			City PROVIDENCE	State RI	2ip 02907-	
S. MAILING ADDRE	SS OF LIMITED L	IABILITY COMPANY	AND NAME OR TITLE	OF CONTACT PE	RSON:	
ontact Name RNOLD MONTAQU			Contact Title			
			City	State	Zip	
Sirel Address CALART TOWER STE. 3A 400 RESERVOIR AVE			. PROVIDENCE	RI	02907-	
	FILL IN SPA	CES BEFORE USING AT	·	OR ATTACHMENT)	}	
AI	NY MODIFICATIONS T	O MANAGERS REQUIRE	S FILING OF AMENDMENT. R	.l.G.L. 7-16-12 (a) (2)	7-16-52	
nnager Name			• Manager Name			
SCO GROUP, INC	<u> </u>		•			
treet Address			• Street Address			
A Liena Rose W			•	Icari	In:	
in Cover tru	State RI	<i>Zip</i> 02816	*City	State	Zip	
Coventry			* * * * * * * * * * * * * * * * * * *			
lanager Name			*Manager Name			
treet Address	·		Street Address			
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RESIDENT AGENT	IN RHODE ISLAND	-DO NOT ALTER- Chan	ges require filing of Fo	orm 642 - R.LG.L. 7	-16-11	
gent Name			Address	· · · · · · · · · · · · · · · · · · ·		
MONTAQUILA & SU	JMMER, P.C.		400 RESERVOIR A	VENUE, SUITE	3A	
ddress .	· · ·		City	Ţ2	Lip	
CALART TOWER			PROVIDENCE		02907	
ihis report must be si	gned in ink by an	authorized person pur	rsuant 10 7-16-66.			
*106309 DLLC 09/1	0 6 3 0 9		Under penalty of per this report, including		firm that I have examined schedules and statements, re true and correct.	
Check No.	سي 	-	Signifiture of Authorize	d Person ASSAION (Date	
B _{Y:}	<u> </u>	-	Print or Type Name of			



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401,222,3040

Form 632 Rev. 6/02

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00

FORM MUST BE TYPI						·
<i>I. ID No.</i> *106309*		ect name of the limited liability company PKINTON ASSOCIATES, LLC				
3. State of Formation RHODE ISLAND		TO ENGAGE IN	THE DEVELOPMENT	iness which is actually conducted F AND SALE OF REAL ESTUL ACTIVITY FOR WHICH	TATE AND SALE	
5. Principal office addre		3A, 400 RESE	RVOIR AVE.	City PROVIDENCE	State RI	Zip 02907-
6. MAILING ADDI	RESS (OF LIMITED LIAE	ILITY COMPANY	AND NAME OR TITLE	OF CONTACT I	'ERSON:
Contact Name	***			Contact Title		· ·
ARNOLD MONTA	OUTTW		-	City	State	T7:-
Street Address CALART TOWER STE. 3A 400 RESERVOIR AVE				PROVIDENCE	RI	<i>Zip</i> 02907 -
7. NAME AND ADI		FILL IN SPACES	BEFORE USING AT	AITED LIABILITY COME TACHMENTS: ("X" BOX FO S FIUNG OF AMENDMENT, R	OR ATTACHMENT	
lanager Name				• Manager Name		
ASCO GROUP, II	NC.	 		•		
Street Address	telman		•	• Street Address		
<u>lA Liena Rose</u> Cin	пау	State	Zip	*Ciry	State	Zip
Coventry Manager Name		RI 02816		Manager Name		J
Sireei Address				· Street Address		
City		State	Zip	City	State	Zip
gent Name MONTAQUILA &		• • • • • • • • • • • • • • • • • • • •		ges require filing of Fo		
Address				City		Zp
CALART TOWER			<u></u>	PROVIDENCE		02907
Fhis report must be	e signed	l in ink by an aut	horized person pui	rsuant to 7-16-66.		
	1					affirm that I have examined ag schedules and statements,
*106309 DLLC1/ File Date		4:53 PM · 3 · 0 3 · 0 · 3 · 0 · 0 · 0 · 0 · 0 ·			its contained herein	n are true and correct
B _X :		00			Iontaquila,	General Counsel
FOR SECRETARY OF	STATE	USE ONLY			elentrelicen Letzini	5 (11 B

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

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

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Dated

	ETARY OF STATE USE ONLY
File Date:	9-24-01
Check No.:	2979
By:	2~

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.

By Jewal Caunal

Form No. 632 Revised 01/99

HOPKINTON ASSOCIATES, LLC

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

Form No. 632 Revised 01/99



By:

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

D 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	O 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 RE	SERVOIR AVENUE PROVIDENCE RI 02907				
5.	5. The current mailing address of the limited liability company and the name or title of a person to whom communic					
	may be directed are: Arnold Mont.	aquila, Montaquila & Summer, Calart Tower, Suite 3A				
	400 Reservoir Avenue, Prov	idence, 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 devel	opment and sale of real estate and sales related business.				
7.	5 5	her lawful activity for which a LLC may engage nagers, the name and address of each manager of the limited liability company Address				
	ASCO Group, Inc.	lA Liena Rose Way, Coventry, RI 02816				
n-	ıted	Under penalty of perjury, I declare and affirm that I have examined this				
Ua		report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.				
		HOPKINTON ASSOCIATES, LLC				
	1 0 6 3 0 9	Exact Name of Limited Liability Company				
	FOR SECRETARY OF STATE USE ONLY					
	Date: 9/19	By Celly				
Che	cck No.: 2724	- General Cursel				