



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. 83810		2. Exact name of the limited liability company York Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN OPERATE AND LEASE REAL ESTATE			
5. Principal office address 416 Absorn Street, 4th Floor		City Providence	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Michael D. Corso			Contact Title Agent		
Street Address 416 Absorn Street, 4th Floor		City Providence	State RI	Zip 02903	
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 MICHAEL D. CORSO, ESQ.			Address		
Address 15 WESTMINSTER STREET, SUITE 731			City PROVIDENCE	Zip 02903	

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



File Date	<u>11/1/05</u>	*83810*
Check No.	<u>1325</u>	
By:	<u>[Signature]</u>	
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] 11/26/05  
Signature of Authorized Person Date  
Michael D. Corso  
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)

Form with fields for ID No. (83810), Name (York Associates, LLC), State (RHODE ISLAND), Business Description (TO OWN OPERATE AND LEASE REAL ESTATE), Principal Office Address (15 Westminister St. Ste 731, Providence, RI 02903), Contact Name (Michael D. Corso, Agent), and Manager Name (Arnold B. Chace, Jr.).

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



\* 8 3 8 1 0 \*

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: 9-29-04
Check No: 1314
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person: [Signature] Date: 9-27-04
Print or Type Name of Authorized Person: Michael D. Corso



**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. 83R10		2. Exact name of the limited liability company York Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN OPERATE AND LEASE REAL ESTATE			
5. Principal office address 15 Westminster Street, Suite 731		City Providence	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Michael D. Corso			Contact Title Agent		
Street Address 15 Westminster Street, Suite 731		City Providence	State RI	Zip 02903	
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 Arnold B. Chace, Jr.			Manager Name		
Street Address 15 Westminster Street, Suite 731			Street Address		
City Providence	State RI	Zip 02903	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 MICHAEL D. CORSO, ESQ.			Address		
Address 15 WESTMINSTER STREET, SUITE 731			City PROVIDENCE	Zip 02903	

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



\* 8 3 8 1 0 \*

File Date 10-31-03  
Check No. 1170  
By: ac

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.

Michael D. Corso 10-30-03  
Signature of Authorized Person Date  
Michael D. Corso  
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>83810</b>		2. Exact name of the limited liability company <b>York Associates, 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>TO OWN OPERATE AND LEASE REAL ESTATE</b>	
5. Principal office address <b>15 Westminister Street Suite 731</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02903</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Michael D. Corso</b>		Contact Title <b>Agent</b>	
Street Address <b>15 Westminister Street Suite 731</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02903</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>Arnold B. Chace, Jr.</b>		*Manager Name	
Street Address <b>15 Westminister St. Suite 731</b>		*Street Address	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	*City
*State		*State	
*Zip		*Zip	
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
*State		*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>MICHAEL D. CORSO, ESQ.</b>		Address	
Address <b>15 WESTMINSTER STREET, SUITE 731</b>		City <b>PROVIDENCE</b>	Zip <b>02903</b>

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



File Date	<u>11/14/2002</u>
Check No.	<u>1054</u>
By:	<u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY	

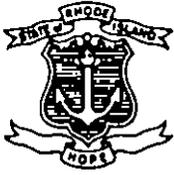
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature]      11/1/02  
Signature of Authorized Person      Date

Michael D. Corso  
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 83810

Annual Report for the year 2001

1. The name of the limited liability company is:

York Associates, LLC

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

15 Westminster Street, Ste. 731, Providence, RI 02903

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: MICHAEL D. CORSO, ESQ.

15 WESTMINSTER STREET, SUITE 731 PROVIDENCE RI 02903

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: Michael D. Corso

15 Westminster Street, Ste. 731, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: to own, operate, and lease real estate

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

*Name*

*Address*

Arnold B. Chace, Jr.

15 Westminster Street, Ste. 731, Providence, RI 02903

Dated

10/31/01

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.



8 3 8 1 0

York Associates, LLC

*Exact Name of Limited Liability Company*

By

Arnold B. Chace, Jr.

*Manager*

*Title*

Form No. 632  
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10/31/2001</u>
Check No.:	<u>354</u>
By:	<u>[Signature]</u>

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 83810

Annual Report for the year 2000

1. The name of the limited liability company is:

York Associates, LLC

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

15 Westminster Street, Suite 731, Providence, RI 02903

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: MICHAEL D. CORSO, ESQ.

15 WESTMINSTER STREET, SUITE 731 PROVIDENCE RI 02903

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: Michael D. Corso

15 Westminster Street, Suite 731, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: to own, operate, and lease real estate

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

*Name*  
Arnold B. Chace, Jr.

*Address*  
15 Westminster St, Ste. 731, Prov. RI 02903

Dated 9-26-00



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.

York Associates, LLC.

*Exact Name of Limited Liability Company*

By Arnold B. Chace, Jr.  
Manager

*Title*

FOR SECRETARY OF STATE USE ONLY	
File Date:	<b>FILED</b>
Check No.:	SEP 27 2000
By:	CC247

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 LL 83810

Annual Report for the year 1999

- The name of the limited liability company is:  
York Associates, LLC
- The address of the principal office of the limited liability company is:  
15 Westminster Street, Suite 731, Providence, RI 02903
- The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
- The name and address of its resident agent is: JOHN M. KELLY  
731 HOSPITAL TRUST BUILDING PROVIDENCE, RI 02903
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Michael D. Corso, Esq.  
15 Westminster Street, Suite 731, Providence, RI 02903
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To own, operate, and lease real estate.
- If the limited liability company has managers, the name and address of each manager of the limited liability company
 

Name	Address
<u>Arnold B. Chace, Jr.</u>	<u>15 Westminster St., Ste. 731, Providence, RI 02903</u>
_____	_____
_____	_____

Dated 10-12-99



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.

York Associates, LLC

*Exact Name of Limited Liability Company*

By *Arnold B. Chace, Jr.*  
Arnold B. Chace, Jr.  
Manager  
Title

FOR SECRETARY OF STATE USE ONLY

FILED

File Date: OCT 18 1999

Check No.: 3201121

By: *[Signature]*

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 LL 83810

Annual Report for the year 1998

1. The name of the limited liability company is:

York Associates, LLC

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

15 Westminster Street, Suite 731, Providence, RI 02903

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: JOHN M. KELLY

15 Westminster Street, Suite 731,

PROVIDENCE, RI 02903

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: 15 Westminster Street, Suite 731, Providence, RI 02903

Michael D. Corso

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To acquire, own, develop, construct, renovate, lease, sell, and manage real estate properties and any other activities that are directly related to the accomplishment of such purposes.

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

*Name*

*Address*

Arnold B. Chace, Jr.

15 Westminster Street, Suite 731, Providence, RI 02903

Dated October 14, 1998, 1998

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.



York Associates, LLC

*Exact Name of Limited Liability Company*

*Arnold B. Chace, Jr.*

Arnold B. Chace, Jr., Manager

*Title*

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-16-98</u>
Check No.:	<u>1050</u>
By:	<u>ICP</u>

Form No. LLC-19  
Revised 8/97

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

**LIMITED LIABILITY COMPANY**

ID Number 0085810

Annual Report for the year 1997

1. The name of the limited liability company is:

YORK ASSOCIATES, LLC

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

731 Hospital Trust Building, Providence, RI 02903

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: John M. Kelly

731 Hospital Trust Building, Providence, RI

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: John M. Kelly

731 Hospital Trust Building, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Acquiring, owning, developing, constructing, renovating, and managing real estate properties and any other activities that are directly related to the accomplishment of such purposes.

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

Name	Address
<u>Arnold B. Chace, Jr.</u>	<u>731 Hospital Trust Building, Providence, RI 02903</u>
<u>Douglas S. Storrs</u>	<u>731 Hospital Trust Building, Providence, RI 02903</u>

Dated 9/3, 19 97

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.

YORK ASSOCIATES, LLC

*Exact Name of Limited Liability Company*

By

Arnold B. Chace, Jr.  
General Manager

*Title*

**PAID**  
SEP 05 1997  
1012 180  
SECY OF STATE

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  
Corporation Division  
100 North Main Street  
Providence, RI 02903-1335

**LIMITED LIABILITY COMPANY**

Annual Report for the year **1996**

LLC I.D.# 83810

**FIRST:** The name of the limited liability company is: **York Associates, LLC**

**SECOND:** The address of the principal office of the limited liability company is:

731 Hospital Trust Building, Providence, RI 02903

**THIRD:** The state or other jurisdiction under the laws of which it is formed is: **Rhode Island**

**FOURTH:** The name and address of its resident agent is:

John M. Kelly  
731 Hospital Trust Building, Providence, RI 02903

**FIFTH:** The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

John M. Kelly  
731 Hospital Trust Building, Providence, RI 02903

**SIXTH:** A brief statement of the character of the business in which the corporation is actually engaged in this state:  
Acquiring, owning, developing, constructing, renovating, and managing  
real estate properties and any other activities that are directly  
related to the accomplishment of such purposes.

Dated 9/4, 19 96, York Associates, LLC  
Exact Name of Limited Liability Company

File Date:	<u>9/4/96</u>
Check No:	<u>165</u>
By:	<u>[Signature]</u>
For Secretary of State Use Only	

\*By [Signature]  
\*To be signed in the manner required by the home state.  
Title General Manager