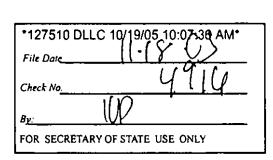


Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

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 127510 Charda Properties, LLC. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island DEVELOPMENT OF REAL PROPERTY RHODE ISLAND 5. Principal office address State City Zip 02771-44 DAVIS STREET SEEKONK MA 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title DAVID C TAPALIAN .Attorney Street Address City State 128 DORRANCE STREET, SUITE 400 RI . PROVIDENCE 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) 🔲 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 Sircei Address State Zip State Zip Manager Name Manager Name Street Address ·Sircei Address State City City State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Agent Name DAVID C. TAPALIAN, ESQ. 128 DORRANCE STREET, SUITE 400 Address Zıp **PROVIDENCE** 02903-This report must be signed in ink by an authorized person pursuant to 7-16-66.



Under penalty of perjury, I declare an	
this report, including any accompanyi	
and that all statements contained here	in are true and correct.
M	-10/29/05
Signature of Authorized Person	Dale /
H. Charles Tapalian	

H. Charles Tapallan
Print or Type Name of Authorized Person



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) I. ID No. 2. Exact name of the limited liability company 127510 Charda Properties, LLC. 3. State of Formation 4. Brief description of the character of the histiness which is actually conducted in Rhode Island Development of Real Property RHODE ISLAND 5. Principal office address City State 44 DAVIS STREET SEEKONK MA 02771-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title DAVID C TAPALIAN .Attorney Street Address Cin State Zip 128 DORRANCE STREET, SUITE 600 PROVIDENCE RI 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) 🔲 ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Munager Name Street Address Street Address City State Zip State ·Citv Zip Munager Name Munager Nume Street Address ·Street Address City Zip State 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 DAVID C. TAPALIAN, ESQ. 128 DORRANCE STREET, SUITE 600 Address Cin Zip PROVIDENCE 02903-This report must be signed in ink by an authorized person pursuant to 7-16-66. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements. 127510 DLLC 05/24/05 09:37:16 AM* and that all statements contained herein are true and correct. 31.05 :p1 HA 15 YA:120 Check No FOR SECRETARY OF STATE USE ONLY Form 632 Rev. 6/02



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) I. ID No. 2. Exact name of the limited liabilty company 127510 Charda Properties, LLC. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island Owning, leasing of real property. RHODE ISLAND 5. Principal office address State 44 Davis Street Seekonk Ma 02771 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title DAvid C. Tapalian Street Address City State Zip 128 Dorrance Street, Suite 400 . Providence RI 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) 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 State Zip Manager Nami Manager Name Street Address Street Address Chy State Zip State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 842 - RI.GI., 7-16-11 Agent Name Address DAVID C. TAPALIAN 128 DORRANCE STREET, SUITE 400 Address Zip **PROVIDENCE** 02903-

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



127510	LLC 09/17/03 09:33:40 AM
File Date	<u>1-29-03</u>
Check No.	1008
Ву;	AMF
FOR SECRE	ARY 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

H. Charles Tapalian, Member

Print or Type Name of Authorized Person