

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 ________2U

2005

Filing Period: Septen	iber I - i	Novemby I •	Filing Fee: \$50.00				
(FORM MUST BE TYPED	OR PRINT	TED IN BLACK)		<u>-</u>			
1. ID No	2. Exacı	name of the limited liability company					
135812	Conco	d Investment Company, LLC					
3. State of Formation 4. Brief description of the character of the hustness which				h is actually conducted in Rhode Is	land		
RHODE ISLAND		Investmer	it Real Estate				
5. Principal office address				City	State	Zιp	
10 St. James Ave., 11th Floor			Boston	MA	02116		
6. MAILING ADDRE	SS OF L	IMITED LIABILITY (COMPANY AND NAME	OR TITLE OF CONTACT PE	RSON:		
Contact Name			·	Contact Title			
Alan L. S	tanz1	er		Managing Member			
Street Address				City	State	Ζφ	
10 St. Jame	s Ave	., llth Floor		Boston	MA	02116	
7. NAME AND ADDI	RESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPLIC	ABLE		
		FILL IN SPACES	BEFORE USING ATTAC	HMENTS ("X" BOX FOR	ATTACHMENT)		
AN	Y MODS	FICATIONS TO MAN	AGERS REQUIRES FIL	ING OF AMENDMENT, R.I.	G.L. 7-16-12 (a) (2) / 7-16-52	
Manager Name				Manager Name			
Alan L. Stanzler							
Sirect Address			Sireei Address				
10 St. James	Ave.	, llth Floor		•			
City		State	Zip	City	State	Zip	
Boston		MA	02116				
Munager Name			Manager Name				
Sircet Address			Sirvet Address				
				<u> </u>			
City		State	Zip	City	State	Zip	
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8. RESIDENT AGEN	T IN RH	ODE ISLAND - DO	NOT ALTER - Changes	require filing of Form 64	2 - R.I.G.L. 7-1	6:11	
Agent Name			Address				
ALAN L. STANZLER			. <u> </u>				
Address				City.	Zip		
7 WHITE BIRCH LANS	E			BARRINGTON	02806-		

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

File Date	11.01.05 *135812*	
Check No	108)	_
By:	- NP	_
FC	OR SECRETARY OF STATE USE ONLY	

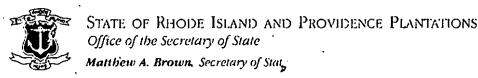
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person

10/31/05 Date

Alan L. Stansler Managing Member

Print or Type Name of Authorized Person



Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

2004

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liability company L ID No 135812 Concord Investment Company, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island RHODE ISLAND See attached 5 Principal office address State 02806 7 White Birch Lane Barrington RI 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name Alan L. Stanzler Zio State Street Address : City 02116 10 St. James Avenue, 11th Floor Boston. MA 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

Manager Name

Street Address

Address

City

BARRINGTON

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

*	1	_	_	8	_	_	

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

File Date	11/30/04
Check No.	1034
Ву:	(),
F	OR SECRETARY OF STATE USE ONLY

Street Address

Manager Name

Street Address

Agent Name

Address

ALAN L. STANZLER

7 WHITE BIRCH LANE

City

City

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.

Zip

02806-

State

State

Signature of Authorized Person

Alan L. Stanzler

Print or Type Name of Authorized Person