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
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	Investment Real Estate

5. Principal office address	City	State	Zip
10 St. James Ave., 11th Floor	Boston	MA	02116

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

Contact Name	Contact Title
Alan L. Stanzler	Managing Member

Street Address	City	State	Zip
10 St. James Ave., 11th Floor	Boston	MA	02116

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
Alan L. Stanzler	10 St. James Ave., 11th Floor	Boston	MA	02116
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
ALAN L. STANZLER	7 WHITE BIRCH LANE	BARRINGTON	02806-

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

[redacted] [redacted]

File Date 11-01-05 *135812*
Check No. 1081
By: MP
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 of Authorized Person — *Date* 10/31/05

Alan L. Stanzler Managing Member
Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 7/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
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1. ID No	2. Exact name of the limited liability company
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	City	State	Zip
7 White Birch Lane	Barrington	RI	02806

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

Contact Name	Contact Title
Alan L. Stanzler	

Street Address	City	State	Zip
10 St. James Avenue, 11th Floor	Boston	MA	02116

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	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	Address	
ALAN L. STANZLER		
Address: 7 WHITE BIRCH LANE	City: BARRINGTON	Zip: 02806-

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

[redacted]

* 1 3 5 8 1 2 *

[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.

Alan L. Stanzler 10/8/04
Signature of Authorized Person *Date*

[redacted] Alan L. Stanzler
Print or Type Name of Authorized Person

File Date 11/30/04
Check No. 1034
By: D.

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 7/03