



**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. 87712		2. Exact name of the limited liability company Putnam Pike West, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE AND/OR INVEST IN REAL PROPERTY	
5. Principal office address 276 EAST SHORE ROAD		City JAMESTOWN	State RI
		Zip 02835-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOSEPH R DISTEFANO, ESQ.		Contact Title MEMBER	
Street Address 276 EAST SHORE ROAD		City JAMESTOWN	State RI
		Zip 02835-	
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 NONE		Manager Name NONE	
Street Address		Street Address	
City	State	City	State
Manager Name NONE		Manager Name NONE	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ADLER POLLOCK & SHEEHAN P.C.		Address ONE CITIZENS PLAZA, 8TH FLOOR	
Address		City PROVIDENCE	Zip 02903

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



8 7 7 1 2

\*87712 DLLC 09/07/05 03:16:30 PM\*

File Date \_\_\_\_\_

Check No. **FILED**

By: \_\_\_\_\_

SEP 15 2005

FOR SECRETARY OF STATE USE ONLY

By:

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.

9-15-05  
Signature of Authorized Person Date

JOSEPH R. DISTEFANO  
Print or Type Name of Authorized Person



**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)

1. ID No. 87712		2. Exact name of the limited liability company Putnam Pike West, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE AND/OR INVEST IN REAL PROPERTY	

5. Principal office address 276 EAST SHORE ROAD		City JAMESTOWN	State RI	Zip 02835-
--	--	-------------------	-------------	---------------

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOSEPH R DISTEFANO, ESQ.		Contact Title ATTORNEY	

Street Address 276 EAST SHORE ROAD		City JAMESTOWN	State RI	Zip 02835-
---------------------------------------	--	-------------------	-------------	---------------

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 NONE	Street Address	City	State	Zip
----------------------	----------------	------	-------	-----

Manager Name NONE	Street Address	City	State	Zip
----------------------	----------------	------	-------	-----

Manager Name NONE	Street Address	City	State	Zip
----------------------	----------------	------	-------	-----

Manager Name NONE	Street Address	City	State	Zip
----------------------	----------------	------	-------	-----

Manager Name NONE	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 ADLER POLLOCK & SHEEHAN P.C.	Address 2300 FINANCIAL PLAZA
Address	City PROVIDENCE
	Zip 02903

**FILED**

SEP 16 2004

By KMC

M 44840

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



8 7 7 1 2

*87712 DLLC 09/09/04 03:46:26 PM*
File Date _____
Check No. _____
By: _____
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.

Stephen P. Puleo 9/15/04  
Signature of Authorized Person Date

**STEPHEN P. PULEO**  
Print or Type Name of Authorized Person

**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. 87712	2. Exact name of the limited liability company Putnam Pike West, LLC		
3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE AND/OR INVEST IN REAL PROPERTY		

5. Principal office address 276 EAST SHORE ROAD	City JAMESTOWN	State RI	Zip 02835
--	-------------------	-------------	--------------

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

Contact Name JOSEPH R DISTEFANO, ESQ.	Contact Title
Street Address 276 EAST SHORE ROAD	City JAMESTOWN
	State RI
	Zip 02835

**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 NONE	Manager Name NONE
Street Address	Street Address
City	City
State	State
Zip	Zip
Manager Name NONE	Manager Name NONE
Street Address	Street Address
City	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 ADLER POLLOCK & SHEEHAN P.C.	Address 2300 FINANCIAL PLAZA
Address	City PROVIDENCE
	Zip 02903

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



*87712 DLLC 09/18/03 11:12:54 AM*
File Date 10-1-03
Check No. 140 C 7633
By: kmc
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.

 9/28/03  
 Signature of Authorized Person Date  
**STEPHEN P. PULEO**  
 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. *87712*	2. Exact name of the limited liability company Putnam Pike West, LLC
3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE AND/OR INVEST IN REAL PROPERTY

5. Principal office address C/O 2300 FINANCIAL PLAZA	City PROVIDENCE	State RI	Zip 02903
---	--------------------	-------------	--------------

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOSEPH R. DISTEFANO, ESQ.,	Contact Title ATTORNEY		
Street Address 2300 FINANCIAL PLAZA	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)   
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name NONE	Manager Name NONE
----------------------	----------------------

Street Address	Street Address
----------------	----------------

City	State	Zip	City	State	Zip
------	-------	-----	------	-------	-----

Manager Name NONE	Manager Name NONE
----------------------	----------------------

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 ADLER POLLOCK & SHEEHAN P.C.	Address 2300 FINANCIAL PLAZA	
Address	City PROVIDENCE	Zip 02903

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



RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
OCT 21 4 22 11 '02

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.

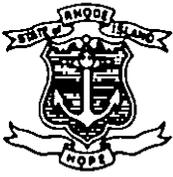
*Stephen P. Pollock* 10/14/02  
Signature of Authorized Person Date

Stephen Pollock Member  
Print or Type Name of Authorized Person

*87712 DLLC9/24/0212:19:32 PM*
File Date <u>10/21/2002</u>
Check No. <u>127</u>
By: <u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY

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 87712

Annual Report for the year 2001

1. The name of the limited liability company is:

Putnam Pike West, LLC

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

c/o Adler Pollock & Sheehan P.C., 2300 Financial Plaza, 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: ADLER POLLOCK & SHEEHAN P.C.

2300 FINANCIAL PLAZA 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: c/o Adler Pollock & Sheehan P.C., 2300 Financial Plaza,

Providence, RI 02903; Attn: Joseph R. DiStefano, Esq.

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: to acquire and/or invest in real property.

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

*Name*

*Address*

None

Dated 9-12-01

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 7 7 1 2

Putnam Pike West, LLC

*Exact Name of Limited Liability Company*

By

Member

JOSEPH R. Di STEFANO

*Title*

MEMBER

Form No. 632  
Revised 01/99

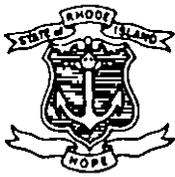
FOR SECRETARY OF STATE USE ONLY	
File Date:	<b>FILED</b>
Check No.:	SEP 13 2001
By:	By <u>CIS</u>

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 87712

Annual Report for the year 2000

1. The name of the limited liability company is:

Putnam Pike West, LLC

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

c/o Adler Pollock & Sheehan P.C., 2300 BankBoston Plaza, 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: ADLER POLLOCK & SHEEHAN

2300 BANKBOSTON PLAZA 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: c/o Adler Pollock & Sheehan P.C., 2300 BankBoston Plaza,

Providence, RI 02903; Attn: Joseph R. DiStefano, Esq.

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: to acquire and/or invest in real property.

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

*Name*

*Address*

None

Dated 8-21-00



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.

Putnam Pike West, LLC

*Exact Name of Limited Liability Company*

By Joseph R. DiStefano

Member

*Title*

FOR SECRETARY OF STATE USE ONLY	
File Date:	
Check No.:	SEP 25 2000
By:	<u>JMD-4980</u>

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

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
SEP 23 4 12 PM '99

**LIMITED LIABILITY COMPANY**

ID Number LL 87712

Annual Report for the year 1999

- The name of the limited liability company is:  
Putnam Pike West, LLC
- The address of the principal office of the limited liability company is:  
c/o Adler Pollock & Sheehan P.C., 2300 BankBoston Plaza, 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: ADLER POLLOCK & SHEEHAN  
2300 BANKBOSTON PLAZA 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: c/o Adler Pollock & Sheehan P.C., 2300 BankBoston Plaza, Providence, RI 02903 Attn: Joseph R. DiStefano, Esq.
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To acquire and/or invest in real property.
- If the limited liability company has managers, the name and address of each manager of the limited liability company  

Name	Address
<u>None</u>	

Dated 9/16/99

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.



Putnam Pike West, LLC  
Exact Name of Limited Liability Company

By Stephen P. Pales  
Member Vice Pres  
Title

FOR SECRETARY OF STATE USE ONLY  
File Date: 9/23/99  
Check No.: 1304  
By: [Signature]



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 87712

Annual Report for the year 1998

1. The name of the limited liability company is:

Putnam Pike West, LLC

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

c/o Adler Pollock & Sheehan P.C., 2300 BankBoston Plaza, 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: ADLER POLLOCK & SHEEHAN

2300 BANKBOSTON PLAZA, 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:

c/o Adler Pollock & Sheehan P.C., 2300 BankBoston Plaza, Providence, RI 02903

Attn: Joseph R. DiStefano, Esq.

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To acquire and/or invest in real property.

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

Name	Address
None	

Dated 10/3, 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.

Putnam Pike West, LLC  
Exact Name of Limited Liability Company

By: Stephen P. Puleo  
Member

FOR SECRETARY OF STATE USE ONLY  
File Date: 10/15/98  
Check No.: 3390  
By: [Signature]

Title

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 0087712

Annual Report for the year 1997

1. The name of the limited liability company is:

Putnam Pike West, LLC

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

c/o Adler Pollock & Sheehan Incorporated, 2300 Hospital Trust Tower, 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: \_\_\_\_\_

Adler Pollock & Sheehan Incorporated, 2300 Hospital Trust Tower, 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: Attn: Joseph R. DiStefano, Esq.

c/o Adler Pollock & Sheehan Incorporated, 2300 Hospital Trust Tower, 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 receive the assets and business of River Front Associates, a Rhode Island partnership, and to assume the liabilities of that partnership

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

Name

Address

None

None

None

Dated 10-22, 1997

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.

Putnam Pike West, LLC

Exact Name of Limited Liability Company

By \_\_\_\_\_

J R DiStefano

MEMBER

Title

**FILED**

OCT 23 1997

W. J. [Signature]  
W. J. [Signature]