



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. 124213		2. Exact name of the limited liability company Heritage Building Associates, L.L.C.	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To own and operate a parcel of land on South Main Street, Providence, RI	
5. Principal office address 170 Westminster Street, Suite 700		City Providence	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Evan J. Granoff		Contact Title Manager	
Street Address 170 Westminster Street, Suite 700		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 Leonard Granoff		Manager Name Evan J. Granoff	
Street Address 170 Westminster Street, Suite 700		Street Address 170 Westminster Street, Suite 700	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
Manager Name Lloyd Granoff		Manager Name	
Street Address 170 Westminster Street, Suite 700		Street Address	
City Providence	State RI	City	State
Zip 02903		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 Thomas V. Moses, Esq.		Address 170 Westminster Street	
Address Moses Afonso Jackvony, Ltd.		City Providence	Zip 02903

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



1 2 4 2 1 3

File Date	11-14-05
Check No.	3827
By:	CXC
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: *Evan J. Granoff* Date: 11/07/05
Evan J. Granoff, Manager
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

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		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Thomas V. Moses		Contact Title Manager	
Street Address 170 Westminster Street		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 LEONARD GRANOFF		Manager Name EVAN GRANOFF	
Street Address 170 Westminster Street SUITE 700		Street Address 170 WESTMINSTER STREET, SUITE 700	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
Manager Name LLOYD GRANOFF		Manager Name	
Street Address 170 WESTMINSTER STREET, SUITE 700		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02903		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 Thomas V. Moses, Esq.		Address 170 Westminster Street	
Address Moses Afonso Jackvony, Ltd.		City Providence	Zip 02903

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



1 2 4 2 1 3

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.

Evan J. Granoff
Signature of Authorized Person Date

Thomas V. Moses, Manager
Print or Type Name of Authorized Person

File Date 10/26/04

Check No. 002319

By: W

FOR SECRETARY OF STATE USE ONLY



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 2003

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5. Principal office address 170 WESTMINSTER STREET, SUITE 201			City PROVIDENCE	State RI	Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Thomas V. Moses			Contact Title Manager		
Street Address 170 Westminster Street			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 Thomas V. Moses			Street Address 170 Westminster Street, Suite 201		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Manager Name			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 THOMAS V. MOSES			Address 170 WESTMINSTER STREET, SUITE 201		
Address MOSES & AFONSO, LTD.			City PROVIDENCE	Zip 02903	

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



1 2 4 2 1 3

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.

Thomas V. Moses 10/7/03
Signature of Authorized Person Date

Thomas V. Moses, Manager
Print or Type Name of Authorized Person

124213 DLLC 10/02/03 01:00:47 PM	
File Date	10/7/03
Check No.	13466 / C8193
By:	KML
FOR SECRETARY OF STATE USE ONLY	