



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)

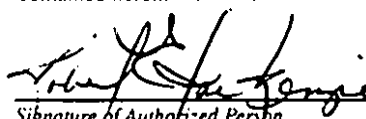
1. ID No. 114513		2. Exact name of the limited liability company TREMONT PROPERTIES, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL			
5. Principal office address 86 TREMONT STREET		City CENTRAL FALLS	State RI	Zip 02863	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT MACKENZIE			Contact Title PRESIDENT		
Street Address 86 TREMONT ST.		City CENTRAL FALLS	State RI	Zip 02863	
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			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 ROBERT MACKENZIE			Address		
Address 86 TREMONT STREET		City CENTRAL FALLS	Zip 02863		

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



File Date	10/05/05	*114513*
Check No.	0210	
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
Date 9-1-05
ROBERT E. MACKENZIE
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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Street Address		Street Address			
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Agent Name ROBERT MACKENZIE		Address			
Address 86 TREMONT STREET		City CENTRAL FALLS	Zip 02863-		

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



* 1 1 4 5 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.

File Date	9/27/04
Check No.	178
By:	DA
FOR SECRETARY OF STATE USE ONLY	

Robert Mackenzie 9-9-04
Signature of Authorized Person Date
ROBERT E. MACKENZIE
Print or Type Name of Authorized Person



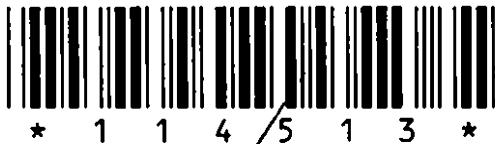
2003

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)

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Agent Name ROBERT MACKENZIE			Address		
Address 86 TREMONT STREET		City CENTRAL FALLS		Zip 02863	

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



* 1 1 4 5 1 3 *

File Date 11/14/03
Check No. 0161
By: [Signature]
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] 9-29-03
Signature of Authorized Person Date
ROBERT E. MACKENZIE
Print or Type Name of Authorized Person



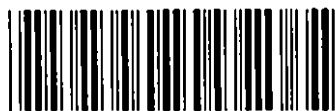
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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Contact Name ROBERT MACKENZIE			Contact Title PRESIDENT		
Street Address 86 TREMONT ST.			City CENTRAL FALLS	State RI	Zip 02863
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					
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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 ROBERT MACKENZIE			Address		
Address 86 TREMONT STREET			City CENTRAL FALLS	Zip 02863-	

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



* 1 1 4 5 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.

File Date 10-23-02

Check No. 148

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature] 10-21-02
Signature of Authorized Person Date

ROBERT E. MACKENZIE
Print or Type Name of Authorized Person

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 114513

Annual Report for the year 2001

1. The name of the limited liability company is:

TREMONT PROPERTIES, LLC

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

86 Tremont St. Central Falls, RI 02863

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: ROBERT MACKENZIE

86 TREMONT STREET CENTRAL FALLS RI 02863-

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: 86 Tremont Street

Central Falls, RI 02863 Robert Mackenzie

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: rental

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

Name

Address

Dated

10/22/01

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.



1 1 4 5 1 3

Tremont Properties, LLC
Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

File Date: 10-25-01

Check No.: 123

By: [Signature]

By: [Signature]
PRESIDENT
Title

Form No. 632
Revised 01/99

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