



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. 110310		2. Exact name of the limited liability company APM Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Own, lease and sell real property and improvements	
5. Principal office address 25 LANTERN ROAD		City LINCOLN	State RI
		Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name ADELE A. BECK		Contact Title Manager	
Street Address 35 ANGELL ROAD		City LINCOLN	State RI
		Zip 02865	
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 ADELE A. BECK		Manager Name BRIAN E. BECK	
Street Address 35 ANGELL ROAD		Street Address 25 LANTERN ROAD	
City LINCOLN	State RI	City LINCOLN	State RI
Zip 02865		Zip 02865	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	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 BRIAN E. BECK		Address	
Address 65 GRANDVIEW AVENUE		City LINCOLN	Zip 02865

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



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122669 DLLC 12/30/05 03:58:01 PM

File Date 1/9/06

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.

Adele A. Beck 1-5-06
Signature of Authorized Person Date

ADELE A. BECK, MANAGER

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
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401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Own, lease and sell real property and improvements	
5. Principal office address 25 LANTERN ROAD		City LINCOLN	State RI
		Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ADELE A. BECK		Contact Title Manager	
Street Address 35 ANGELL ROAD		City LINCOLN	State RI
		Zip 02865	
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 ADELE A. BECK		Manager Name BRIAN E. BECK	
Street Address 35 ANGELL ROAD		Street Address 25 LANTERN ROAD	
City LINCOLN	State RI	Zip 02865	City LINCOLN
			State RI
			Zip 02865
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 BRIAN E. BECK		Address	
Address 65 GRANDVIEW AVENUE		City LINCOLN	Zip 02865

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



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122669 DLLC 12/30/05 03:58:01 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.

Adele A Beck, Mgr 1-5-05
Signature of Authorized Person Date

ADELE A. BECK, 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

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. 110310		2. Exact name of the limited liability company APM Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Own, lease and sell real property and improvements	
5. Principal office address 25 LANTERN ROAD		City LINCOLN	State RI
		Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ADELE A. BECK		Contact Title Manager	
Street Address 35 ANGELL ROAD		City LINCOLN	State RI
		Zip 02865	
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 ADELE A. BECK		Manager Name BRIAN E. BECK	
Street Address 35 ANGELL ROAD		Street Address 25 LANTERN ROAD	
City LINCOLN	State RI	Zip 02865	City LINCOLN
			State RI
			Zip 02865
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 BRIAN E. BECK		Address	
Address 65 GRANDVIEW AVENUE		City LINCOLN	Zip 02865

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



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122669 DLLC 12/29/05 03:58:01 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.

Adele A. Beck 1-5-05
Signature of Authorized Person Date

ADELE A. BECK, MANAGER

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. 110310		2. Exact name of the limited liability company APM Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL REAL ESTATE			
5. Principal office address 65 GRANDVIEW AVE		City Lincoln	State RI	Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name BRIAN BECK		Contact Title OWNER			
Street Address 65 GRANDVIEW AVE		City Lincoln	State RI	Zip 02865	
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 TRACEY BECK		Manager Name			
Street Address 65 GRANDVIEW AVE		Street Address			
City Lincoln	State RI	Zip 02865	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 BRIAN E. BECK		Address			
Address 65 GRANDVIEW AVENUE		City LINCOLN		Zip 02865	

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



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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 10.2.02
Check No. 1469
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature] 10-2-02
Signature of Authorized Person Date
BRIAN BECK
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 DLIC 110310

Annual Report for the year 2001

1. The name of the limited liability company is:

APM Associates, LLC

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

65 GRANDVIEW AVE. LINCOLN, RI 02865

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: BRIAN E. BECK

65 GRANDVIEW AVENUE LINCOLN RI 02865-

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: BRIAN BECK

65 GRANDVIEW AVE. LINCOLN, RI 02865

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

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

Name	Address
_____	_____
_____	_____
_____	_____

Dated _____



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.

APM ASSOCIATES, LLC

Exact Name of Limited Liability Company

By _____

President

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 2-7-02

Check No.: 1339

By: 2

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