

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

|  | otember 1 - November 1<br>PED OR PRINTED IN BLAC | <del>-</del>                   | 0.00   |   |   |  |
|--|--|--------------------------------|--|---|---|--|
| 1 10 No.<br>110310                     | 2. Exact name of the limite APM Associates, LL   | d liabiliy company             |  |   |   |  |
| 3 State of Formation                   |  | •                              | business which is actually conducted   |   |   |  |
| RHODE ISLANI                           | D Own, leas                                      | e and sell rea.                | l property and improve   | nents   |   |  |
| S. Principal office ad-                | dress  |                                | City   | State   | Zip                                     |  |
| 25 LANTERN                             | ROAD   |                                | LINCOLN  | RI  | 02865                                   |  |
| 6. MAILING AD Contact Name             | DRESS OF LIMITED I.                              | ABILITY COMPA                  | NY AND NAME OR TITLE.  Contact Title   | OF CONTACT PERS                                 | ON:                                     |  |
| ADELE A. BE                            | CCK  |                                | Manager  |   |   |  |
| Street Address                         |  |                                | City   | State   | Zıp                                     |  |
| 35 ANGELL R                            |  |                                | . LINCOLN  | RI  | 02865                                   |  |
| i i                                    | FILL IN SPA                                      | CES BEFORE USING               | IMITED LIABILITY COM 'ATTACHMENTS' ("X" BOX I RES FILING OF AMENDMENT  *Manager Name | OR ATTACHMENT) 🔲 🐩                              |   |  |
| ADELE A. BE                            | CK   |                                | BRIAN E. BECK  |   |   |  |
| Street Address                         |  |                                | *Street Address  |   |   |  |
| 35 ANGELL                              | ROAD   |                                | .25 LANTERN ROA  | D   |   |  |
| City.                                  | State  | Zip                            | *City  | State   | Zip                                     |  |
| LINCOLN                                | RI   | 02865                          | LINCOLN  | RI  | 02865                                   |  |
| Manager Name                           |  | • • • • • • • • •              | Manager Name   | '   | • |  |
| Street Address                         |  |                                | • Street Address   |   |   |  |
| City                                   | State  | Zip                            | City   | State   | Zip                                     |  |
| Ageni Name<br>BRIAN E. BECI<br>Address | K  |                                | Address  | [Z.ip   |   |  |
| 65 GRANDVIE                            | W AVENUE   |                                | LINCOLN  | T   | 865                                     |  |
| This report must t                     | be signed in ink by an o                         | authorized person <sub>l</sub> | Under penalty of p   | SV-AME<br>Stout<br>erjury, I declare and affirm | n that I have examined                  |  |
| File Date Check No.                    | 12/30/05 03:58:01 PM*                            | -<br>-<br>-                    | and that all stateme   | BECK, MANAG                                     | J-5-06 Date                             |  |



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 2004

| _   |  | er 1 • Filing Fee: \$50           | 0.00                                    |   |                        |
|---|--|-----------------------------------|---|---|------------------------|
| (FORM MUST BE TYPI<br>1. ID No.                           |  | BLACK) e limited liabilty company |   |   |                        |
| 110310  | APM Associate  | es, LLC                           |   |   |                        |
| 3. State of Formation                                     |  |                                   | business which is actually conducte     |   | ·                      |
| RHODE ISLAND  | Own,   | lease and sell real               | l property and improve                  | ments   |                        |
| 5. Principal office addre                                 | ess  |                                   | City                                    | State   | Zip                    |
| 25 LANTERN R  | OAD  |                                   | LINCOLN                                 | RI  | 02865                  |
| Contact Name  | - a contract and the contract of the contract  | ED LIABILITY COMPA                | NY AND NAME OR TITLE<br>Contact Title   | OF CONTACT PERS   | ON:                    |
| ADELE A. BEC  | K  |                                   | . Manager                               |   |                        |
| Street Address 35 ANGELL ROAD                             |  |                                   | City LINCOLN                            | State<br>R I  | 7 <i>ip</i><br>02865   |
|   |  | MANACED OF THE I                  | IMITED LIABILITY CO.                    |   |                        |
| 7. NAME AND AD  | FILL   | N SPACES BEFORE USING             | ATTACHMENTS ("X" BOX                    | FOR ATTACHMENT)   | JEE.                   |
|   |  |                                   | IRES FILING OF AMENDMENT.               |   | -16-52                 |
| Manager Name  | and - College on a state of the |                                   | · Manager Name                          |   |                        |
| ADELE A. BEC  | κ  |                                   | BRIAN E. BECK                           |   |                        |
| Street Address  |  |                                   | Street Address                          |   |                        |
| 35 ANGELL R   | OAD  |                                   | .25 LANTERN RO                          | AD  |                        |
| City  | State  | Zip                               | City                                    | State   | Zip                    |
| LINCOLN   | J. RI  | 02865                             | LINCOLN                                 | RI  | 02865                  |
| Manager Name  |  |                                   | *Manager Name                           |   |                        |
| Street Address  |  |                                   | •Street Address                         | <del></del>   | ····                   |
|   |  |                                   | •                                       |   |                        |
| City  | State  | Zip                               | City                                    | State   | Zip                    |
| Agent Name<br>BRIAN E. BECK                               |  |                                   | Address                                 |   |                        |
| Address   |  | <del></del>                       | City                                    | Zsp   |                        |
| 65 GRANDVIEW  | AVENUE   |                                   | LINCOLN                                 | 02  | 865 :                  |
| This report must be  *122669 DLLC 1: File Date  Check No. |  | y an authorized person p          | Under penalty of<br>this report, includ | perjury, I declare and affirming any accompanying scheents contained herein are to lized Person | edules and statements, |
| By:   |  |                                   |   | BECK, MANAC   | GER                    |
| FOR SECRETARY OF  | STATE USE ONLY   |                                   | Print or Type Name                      | of Authorized Person  | Form 632 Rev 6/0       |



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) 2. Exact name of the limited liabilty company 1 ID No. 110310 APM Associates, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation Own, lease and sell real property and improvements RHODE ISLAND 5. Principal office address LINCOLN 02865 25 LANTERN ROAD 6 MAILING ADDRESS OF LIMITED HABILITY COMPANY AND NAME OR THE EXOR CONTACT PERSON 10. 24 LANGUAGE Contact Title Contact Name ADELE A. BECK Manager City Street Address . LINCOLN RΙ 02865 35 ANGELL ROAD · Manager Name Manager Name ADELE A. BECK BRIAN E. BECK · Street Address Street Address 25 LANTERN ROAD 35 ANGELL ROAD State City State Zıp LINCOLN 02865 LINCOLN RΙ Manager Name Manager Name Street Address ·Street Address City 8. RESIDENT AGENT IN RHODE IS AND DO NOT ALTER: Changes require filing of Form 642 REGL 7-16-11 Agent Name Address BRIAN E. BECK Address LINCOLN 02865 65 GRANDVIEW AVENUE This report must be signed in ink by an authorized person pursuant to 7-16-66. 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. \*122669 DLLC 12/29/05 03:58:01 PM\* File Date\_ Check No.\_\_\_ ADELE A. BECK, MANAGER Print or Type Name of Authorized Person FOR SECRETARY OF STATE USE ONLY



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

| Filing Period: Sep<br>(FORM MUST BE TY         |  |                                 | • Filing Fee: \$5 | 0.00  |                       |           |  |
|--|--|---------------------------------|-------------------|---|-----------------------|-----------|--|
| 1. ID No.<br>110310                            | 2. Exact name of the limited liability company APM Associates, LLC |                                 |                   |   |                       |           |  |
| 3. State of Formation<br>RHODE ISLAND          |  | 4. Brief description RENTAL REA | •                 | e business which is actually condi                                      | ucted in Rhode Island |           |  |
| 5. Principal office ad                         | dress  |                                 | A. IC             | Cilwcoh   | State                 | 02865     |  |
| 6. MAILING AD                                  | DRESS OF   | CLZW.                           | IABILITY COMP     | ANY AND NAME OR TIT   | LE OF CONTACT P       |           |  |
| Contact Name                                   | Re   | cK                              | <u> </u>          | Contact Title  OWNE   |                       |           |  |
| Sireci Address  65 (AMDILLA) AUS               |  |                                 |                   | : Incoln  | State                 | D-865     |  |
| 7. NAME AND AD                                 | DRESS OF   | FILL IN SPACE                   | CES BEFORE USING  | MITED LIABILITY CON<br>G ATTACHMENTS ("X" I<br>JIRES FILING OF AMENDMEN | BOX FOR ATTACHMENT    | BLE D     |  |
| Manager Name TPACELL BECK                      |  |                                 | Manager Name      | · Manager Name  |                       |           |  |
| Street Address                                 | RANI   | MEU                             | ) AUE             | *Sireei Address   |                       |           |  |
| City INCOLE                                    | ~  | State                           | 2ip 1286          | 5 City  | State                 | Zip       |  |
| Manager Name                                   |  | • • • • • •                     | ,                 | Manager Name  | • • • • • • • • • •   |           |  |
| Street Address                                 |  |                                 |                   | Street Address  |                       |           |  |
| City   |  | State                           | Zip               | City  | State                 | Zip       |  |
| 8. RESIDENT AGI<br>Agent Name<br>BRIAN E. BECK | ENT IN RH  | ODE ISLAND                      | -DO NOT ALTER- CI | nanges require filing o   | f Form 642 - R.I.G.L  | . 7-16-11 |  |
| Address 65 GRANDVIEW AVENUE                    |  |                                 | City<br>LINCOLN   |   | 72ip<br>02865-        |           |  |
| <del></del>                                    |  |                                 |                   |   |                       |           |  |

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



| File Date | 10.2.02                  |
|-----------|--------------------------|
| Check No. | 1469                     |
| Ву;       | <u>U</u>                 |
| FOR SECR  | RETARY 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 Da

BRIAN BECK

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

#### The s

#### LIMITED LIABILITY COMPANY

| טו  | Number DEEC 110310   | Annual Report for the year 2001  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 1.  | The name of the limited liability comp   | any is:  |  |  |  |  |  |
|   | APM Associates, LLC  |  |  |  |  |  |  |
| 2.  | The address of the principal office of GRANDVIEW   | the limited liability company is:  ANE. LINCOLN, RI 02865  |  |  |  |  |  |
| 3.  | The state or other jurisdiction under the  | he 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 LINCOLI  | N RI 02865-  |  |  |  |  |  |
| 5.  | may be directed are: BRIAN   |  |  |  |  |  |  |
|   | 65 GRANDVIEW A   | VE. LINCOLN, PLI 02865   |  |  |  |  |  |
| 6.  | A brief statement of the character of the business in which the limited liability company is actually engaged in this state: |  |  |  |  |  |  |
| 7.  | If the limited liability company has ma Name   | inagers, the name and address of each manager of the limited liability company  Address  |  |  |  |  |  |
| Da  | ted  | 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 ASSCIATES, LLC |  |  |  |  |  |
|   |  | Exact Name of Limited Liability Company  |  |  |  |  |  |
|   | FOR SECRETARY OF STATE USE ONLY Date:  | By   |  |  |  |  |  |
| Che   | ck No.: /339   | Fres: Durt   |  |  |  |  |  |
| Ву:   | 2.   | Form No. 632<br>Revised 01/99  |  |  |  |  |  |