



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. 120314		2. Exact name of the limited liability company Deeble Holdings, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE INVESTMENT			
5. Principal office address 5 Cathedral Square		City PROVIDENCE	State RI	Zip 02903-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT R GAUDREAU		Contact Title			
Street Address 5 CATHEDRAL SQUARE		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 East Gate Apartments, LLC		Manager Name			
Street Address 5 Cathedral Square		Street Address			
City Providence	State RI	Zip 02903	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 GINA M. ILLIANO, ESQ.		Address 5 CATHEDRAL SQUARE			
Address		City PROVIDENCE		Zip 02903-	

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



1 2 0 3 1 4

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: [Signature] Date: 10/4/05
Print or Type Name of Authorized Person: Scott Gaudreau

120314 DLLC 09/28/05 10:03:36 AM
File Date: 10/5/05
Check No.: 3213 A 78906
By: KML
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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. 120314		2. Exact name of the limited liability company Deeble Holdings, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE INVESTMENT			
5. Principal office address 5 Cathedral Square		City PROVIDENCE	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Robert R. Gaudreau		Contact Title .			
Street Address 5 Cathedral Square		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 East Gate Apartments, LLC		Manager Name .			
Street Address 5 Cathedral Square		Street Address .			
City Providence	State RI	Zip 02903	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 GINA M. ILLIANO, ESQ.		Address 5 CATHEDRAL SQUARE			
Address .		City PROVIDENCE		Zip 02903-	

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



1 2 0 3 1 4

120314 DLLC 09/08/04 10:20:34 AM	
File Date	9-24-03
Check No.	2209
By:	AMF
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 Scott Gaudreau Date 9/20/04

Print or Type Name of Authorized Person Scott Gaudreau



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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ~~2007~~ 2008

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120314		2. Exact name of the limited liability company Deeble Holdings LLC	
3. State of Formation RI.		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Investment	
5. Principal office address 475 Hope Street		City Providence	State RI.
		Zip 02906-1639	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Richard J. Deeble		Contact Title XXXXXXXXXXXX Managing Member	
Street Address 475 Hope Street		City Providence	State RI.
		Zip 02906-1639	
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 XXXXXXXXXXXX None		Manager Name	
Street Address XXXXXXXXXXXX		Street Address	
City XXXXXXXXXXXX	State XXXX	Zip XXXXXX	City XXXXXX
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name James W. Webster		Address 708 Mitchells Lane	
Address fg		City Middletown	Zip 02842

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

File Date 9.24.03
Check No. 3765
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]

Signature of Authorized Person

Date

8/25/03

Richard J. Deeble
Print or type Name of Authorized Person



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Matthew A. Brown, Secretary of State
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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. <u>20314</u>		2. Exact name of the limited liability company <u>Deeble Holdings LLC</u>	
3. State of Formation <u>RI.</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island	
5. Principal office address <u>475 Hope Street</u>		City <u>Providence</u>	State <u>RI.</u>
		Zip <u>02906-1639</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Richard J. Deeble</u>		Contact Title <u>MANAGING MEMBER</u>	
Street Address <u>475 Hope Street</u>		City <u>Providence</u>	State <u>RI.</u>
		Zip <u>02906-1639</u>	
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 <u>Richard J. Deeble</u>		Manager Name <u>NONE</u>	
Street Address <u>475 Hope Street</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02906-1639</u>		Zip	
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 <u>James W. Webster</u>		Address <u>708 Mitchells Lane</u>	
Address <u>eg</u>		City <u>Middletown</u>	Zip <u>02842</u>

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.

Richard J. Deeble
Signature of Authorized Person

8/25/03
Date

Richard Deeble
Print or Type Name of Authorized Person

File Date

9-12-03

Check No.

3764

By

[Signature]

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