

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) 2. Exact name of the limited liabilty company 120314 Deeble Holdings, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation REAL ESTATE INVESTMENT **RHODE ISLAND** State 5. Principal office address **PROVIDENCE** RI 02903-5 Cathedral Square 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title ROBERT R GAUDREAU State Zip City Street Address 02903-. PROVIDENCE RI 5 CATHEDRAL SQUARE 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.L.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name East Gate Apartments, LLC · Street Address Street Address 5 Cathedral Square Zip Zip State State RI 02903 Providence Manager Name Manager Name ·Street Address Street Address City State Zip State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Address 5 CATHEDRAL SQUARE GINA M. ILLIANO, ESQ. Zip Address **PROVIDENCE** 02903-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. *120314 DLLC 09/28/05 10:03:36 AM* File Date Signature of Authorized Person Check No. Scott Gandre Print or Type Name of Authorized F FOR SECRETARY OF STATE USE ONLY Form 632 Rev. 6/02



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

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liability company 1. ID No. 120314 Deeble Holdings, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation REAL ESTATE INVESTMENT **RHODE ISLAND** 5. Principal office address State **PROVIDENCE** RI 02903 5 Cathedral Square 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name Robert R. Gaudreau Street Address City State Zip . PROVIDENCE RI 02903 5 Cathedral Square 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 · Manager Name East Gate Apartments, LLC Street Address · Street Address 5 Cathedral Square State Zip Clty State Zip ·Cirv Providence RI 02903 Manager Name Manager Name Street Address Street Address State City City State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.L.G.L. 7-16-11 Agent Name Address GINA M. ILLIANO, ESQ. 5 CATHEDRAL SQUARE City ΖĮp Address **PROVIDENCE** 02903-

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



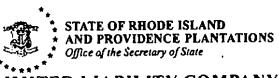
120314	DLLC 09/08/04 10:20:34 AM
File Date	7-24-03
Check No.	2209
Ву:	AMF
FOR SECRE	TARY OF STATE USE ONLY

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.

and that an statements contained herein are true and correct.

Signature of Authorized Person Da

Print or Type Name of Authorized Person



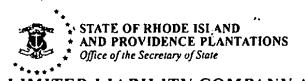
FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 632 Rev. 6/02

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005 September 1 - November 1 • Filing Fee: \$50.00

1/_01 No.	RINTED IN BLACK) I manie of the limited of					
′	eble Holding		hi h i manifi	J in Whate Island		
tale of Formation	1		метен іх астяну сопанся	a in kimae isiani		
1.	Keal Esta	te Investment	, <u></u>		<u></u>	
rincipal office address	· · · ·		Cin	State	Zip	
475 Hope Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPAN		BILITY COMPANY AN	Providence D NAME OR TITLE	OF CONTACT PE		
Contact Name Richard Dec Deeble		•	Connect Title . KäkääääXMäkääää Managing Member			
viddass 75 Hope Street			<i>Cin</i> Providence	State RI.	Zir 02906-1639	
=	OF EACH MAN	AGER OF THE LIMITI	ED LIABILITY CON	IPANY, IF APPLIC	ABLE	
ABIV BI	FILL IN SPACE	S BEFORE USING ATTAC MANAGERS REQUIRES FII		FOR ATTACIIMENT) R.I.G.L. 7-16-12 (a) (2)		
ANT III ager Name	GUITIGATIONS TO	menous ittoines i ii	· Manager Name			
ĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ	XX None		•			
et Address		<u> </u>	Sirvet Address			
XXXXXXXXXXXXX X	Te	Toi:	*Cin	State	Zip	
XXXXXXXXXXXX	State XXXXX	Zip NYDNXXXXXXXXXXXXX	• Cm; •	[5,5,5]		
nager Name	1 . et a	The state of the s	Manager Nume			
et Address	·		Street Address			
	State	Zip	.Ciņ	State	ZIp	
James W. Webster			708 Mitchells Lane City Zip			
ĭ			Middletown		02842	
's report must b e signe i	i in ink by an at	nhorized person pursua	nt 10 7-16-66.			
ile Dute 9 · 2	4.03		this report, includ	ing any accompanying lents contained herein	ffirm that I have examined schedules and statements, are true and correct. 8/25/03 Date	



Manhew 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 _______

MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Richard J. Deeble ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF FAMENDMENT. RIGLI 7-16-12 (a) (72) 7-16-52 Manager Name Richard J. Deeble Richard J. Deeble	Deble Holdings LLC wincipal affice address 4. Brief description of the character of the business which is actually affice address 4.75 Hope Street MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME. Richard J. Deeble Richard J. Deebl		
Deeble Holdings LLC Source of remaining the character of the thosaces which is actually conducted in Rhode Island RI. Principal riftice undiress 475 Hope Street MAILINGADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: West Address RICHARD J. Deeble FILL IN SPACES BEFORE USING ATTACHNENTS ANY MODIFICATIONS TO MANAGER OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHNENTS ANY MODIFICATIONS TO MANAGER SEQUINES FILMS OF AMENDMENT. RIGHT-18-12 (a) (b) 1-78-52 **Monager Name** **Allower Name** **Allo	Deeble Holdings LLC ***Grade of the remainin** RI.** ******* RI.** ******* ******* ****** ****** ****		
ATS HOPE Street MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: MICHARD J. Deeble Richard J. Deeble ATS HOPE Street Providence RI. O2906-10 MAILING ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF PRILICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILMO OF AMENOMENI. RIGHT-18-12 (a) (2) / 7-18-52 ANY MODIFICATIONS TO MANAGERS REQUIRES FILMO OF AMENOMENI. RIGHT-18-12 (a) (2) / 7-18-52 ANY MODIFICATIONS TO MANAGERS REQUIRES FILMO OF AMENOMENI. RIGHT-18-12 (a) (2) / 7-18-52 ANALY MODIFICATION TO MANAGERS REQUIRES FILMO OF AMENOMENI. RIGHT-18-12 (a) (2) / 7-18-52 ANALY MODIFICATION TO MANAGERS REQUIRES FILMO OF AMENOMENI. RIGHT-18-12 (a) (2) / 7-18-52 ANALY MODIFICATION TO MANAGERS REQUIRES FILMO OF AMENOMENI. RIGHT-18-12 (a) (2) / 7-18-52 ANALY MODIFICATION TO MANAGERS REQUIRES FILMO OF AMENOMENI. RIGHT-18-12 (a) (2) / 7-18-52 ANALY MODIFICATION TO MANAGERS REQUIRES FILMO OF AMENOMENI. RIGHT-18-12 (a) (2) / 7-18-52 ANALY MODIFICATION TO MANAGERS REQUIRES FILMO OF AMENOMENI. RIGHT-18-12 (a) (2) / 7-18-52 ANALY MODIFICATION TO MANAGERS REQUIRES FILMO OF AMENOMENI. RIGHT-18-12 (a) (2) / 7-18-52 ANALY MODIFICATION TO MANAGERS REQUIRES FILMO OF AMENOMENI. RIGHT-18-12 (a) (2) / 7-18-52 ANALY MODIFICATION TO MANAGERS REQUIRES FILMO OF AMENOMENI. RIGHT-18-12 (a) (2) / 7-18-52 ANALY MODIFICATION TO MANAGERS REQUIRES FILMO OF AMENOMENI. RIGHT-18-12 (a) (2) / 7-18-52 ANALY MODIFICATION TO MANAGERS REQUIRES FILMO OF AMENOMENI. RIGHT-18-12 (a) (2) / 7-18-52 ANALY MODIFICATION TO MANAGERS REQUIRES FILMO OF AMENOMENI. RIGHT-18-12 (a) (2) / 7-18-52 ANALY MODIFICATION TO MANAGERS REQUIRES FILMO OF AMENOMENI. RIGHT-18-12 (a) (2) / 7-18-52 ANALY MODIFICATION TO MANAGERS REQUIRES FILMO OF AMENOMENI. RIGHT-18-12 (a) (2) / 7-18-52 ANALY MODIFICATION TO MANAGERS REQUIRES FILMO OF AMENOMENI. RIGHT-18-12 (a) (2) / 7-18-52 ANALY MODIFICATION TO MA	RI. Principal riflice address 475 Hope Street RI. Street description of the character of the business which is actually recipiled riflice address 475 Hope Street RICHARD J. Deeble Provid RICHARD J. Deeble A175 Hope Street FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AM AND MODIFICATIONS TO MANAGERS REQUIRES FILING OF AM AND MODIFICATIONS TO MANAGERS REQUIRES FILING OF AM AND WAS AND THE CONTROL OF A MANAGERS REQUIRES FILING OF AM AND WAS AND THE CONTROL OF A MANAGERS REQUIRES FILING OF AM AND WAS ADDRESS OF EACH MANAGER REQUIRES FILING OF AM AND MODIFICATIONS TO MANAGERS REQUIRES FILING OF AM AND MODIFICATIONS OF AMAGERS REQUIRES FILING OF AM AND MODIFICATIONS OF AMAGERS REQUIRES FILING OF AMAGERS AND AMAGERS AN		
City	Trincipal office address 475 Hope Street MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME. Richard J. Deeble **Contract Title **Art Address** ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AM **Increase of the City **Providence** **Richard J. Deeble **Allows	equally conducted in Rhode Island	
475 Hope Street MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Richard J. Deeble 475 Hope Street FILL IN SPACES BEFORE USING ATTACHMENTS (2") BODY FOR PITCH (18) (2) 7-16-52 ANY MODIFICATIONS TO MANAGERS REQUIRES FILING FAMEADMENT, R.I.G.L. 7-16-12 (a) (2) 7-16-52 MAININGER Name ANY MODIFICATION STOM MANAGERS REQUIRES FILING FAMEADMENT, R.I.G.L. 7-16-12 (a) (2) 7-16-52 MAININGER Name Allows 475 Hope Street FILL IN SPACES BEFORE USING ATTACHMENTS (2") BODY FAMEADMENT, R.I.G.L. 7-16-12 (a) (2) 7-16-52 MAININGER Name Allows 475 Hope Street FILL IN SPACES BEFORE ANY MODIFICATION STOM MANAGERS REQUIRES FILING FAMEADMENT, R.I.G.L. 7-16-12 (a) (2) 7-16-52 MAININGER Name Street Address 476 Hope Street FILL IN SPACES BEFORE AND STORY Address Street Address 477 Hope Street FILL IN SPACES BEFORE ANY MODIFICATION STOM TO THE STORY AND THE	MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME. Richard J. Deeble Richard J. Deeble 475 Hope Street NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMERICAN AND MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMERICAN AND MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMERICAN AND ADDRESS OF EACH MANAGERS REQUIRES FILING OF AMERICAN AND ADDRESS OF EACH MANAGERS REQUIRES FILING OF AMERICAN AND ADDRESS OF EACH MANAGERS REQUIRES FILING OF AMERICAN AND ADDRESS OF EACH MANAGER REQUIRES FILING OF AMERICAN AND ADDRESS OF EACH MANAGERS REQUIRES FILING OF AMERICAN AND ADDRESS OF EACH MANAGERS REQUIRES FILING OF AMERICAN AND ADDRESS OF EACH MANAGERS REQUIRES FILING OF AMERICAN AND ADDRESS OF EACH MANAGERS REQUIRES FILING OF AMERICAN AND ADDRESS OF EACH MANAGER REQUIRES FILING OF AMERICAN AND ADDRESS OF EACH MANAGER REQUIRES FILING OF AMERICAN AND ADDRESS OF EACH MANAGER REQUIRES FILING OF AMERICAN AND ADDRESS OF EACH MANAGER REQUIRES FILING OF AMERICAN AND ADDRESS OF EACH MANAGER REQUIRES FILING OF AMERICAN AND ADDRESS OF EACH MANAGER REQUIRES FILING OF AMERICAN AND ADDRESS OF EACH MANAGER REQUIRES FILING OF AMERICAN AND ADDRESS OF ADDRES		
MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Richard J. Deeble ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF FAMENDMENT. RIGLI 7-16-12 (a) (72) 7-16-52 Manager Name Richard J. Deeble Richard J. Deeble	MAILING ADDRESS OF LIMITED LIABILITY COMPANYAND NAME. Richard J. Deeble Richard J. Deeble Ver Address A75 Hope Street Per Address ANY MODIFICATIONS TO MANAGER OF THE LIMITED LIABIL FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AM Magger Name Richard J. Deeble Ver Address 475 Hope Street Providence Richard J. Deeble State Providence Richard J. Deeble Ver Address Street Address Stree	State	Lip
Richard J. Deeble Richard J. Deeble Richard J. Deeble A75 Hope Street Providence Providence RI. 02906-11 NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (C. MAD FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENOMENT. RIG.L 7-18-12 (a) (2) 1 7-16-52 **Alonger Name** **Alonger Name** **Alonger Name** **Street Address** 4-75 Hope Street **Street Address** 4-75 Hope Street **Street Address** 4-75 Hope Street **Street Address** **Top State** **State** **Street Address** **Street Address*	Richard J. Deeble Richard J. Deeble Richard J. Deeble A15 Hope Street NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABIL FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AM AUGUST Name ACT Address Street Address ACT Address Street A	idence RI.	02906-1639
RICHARD J. Deeble RY Address A75 Hope Street FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILLOG F AMENOMENT. RIG.L 7-18-12 (a) (2) 1-7-18-52 MANGER FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILLOG F AMENOMENT. RIG.L 7-18-12 (a) (2) 1-7-18-52 Manager Name **Almager Name **Almager Name **Almager Name **Surver Address 4-75 Hope Street **Ore State **Providence RE **Ore State **Providence RE **Ore State **Ore State **Deeble **To Manager Name **Ver Address **To State **Deeble **To Manager Name **Ver Address **To State **Deeble **To Manager Name **Ver Address **To Manager Name **To Manager Name **To Manager Name **To Manager Name **To Manager Na	Richard J. Deeble 475 Hope Street NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABIL FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AM PARTY HOPE STREET State Providence RICHARD State Providence State State Providence State Providence RI State Providence State Stat	E OR TITLE OF CONTACT	PERSON:
A75 Hope Street RI D2906-14 ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENOMENT, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS CAT BOX FOR ATTACHMENT I ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENOMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Allows 475 Hope Street RI D2906-14 ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENOMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Street Address 475 Hope Street RI D2906-14 ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENOMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name College Name Address James W. Webster JOS Mitchells Lane College Name	A75 Hope Street NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABII FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AM Mager Name Richard J. Deeble Address Street Address Street Address Street Address Street Address Providence Ri State Providence Ri State Providence State State Providence State Providence Ri State State Providence Ri State Providence Ri State Providence Ri State Providence Address Street Address Street Address State City City City Manager Na State Address TOB M City Middless TOB M City Middless Tobal Under this re and the state of the providence of the provide	Tile Maa	and Monday
A75 Hope Street	A75 Hope Street NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABIL FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AM Manager Name Richard J. Deeble Attachment Manager N State Providence State State Providence RI State Providence Providence RI State Providence Provide	LAIL Hanaker	
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 AMERICANETY (I) (a) (2) 17-16-52 **Manager Name **Advanger Name **Advanger Name **Street Address** 475 Hope Street **THORSE STRE	NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABIT FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILLING OF AM Manager Name Per Address 475 Hope Street State Providence State State Providence State State Providence State State Providence Name State State State Providence Name State State State Providence Name State State State State One State State State State Address State State State State State State Name State		
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) 7-16-52 Marcer Name Richards J. Deeble Now Street Address 475 Hope—Street Name Name	ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AM Manager Name Richard J. Deeble Vo A E Street Address 4.75 Hope Street State Providence Ri State Ri State Providence Ri State Ri State Providence Address Street A		02906-1639
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-18-12 (a) (2) / 7-16-52 Manager Name Richard J. Deeble Now E Street Address 4-75 Hope-Street Revidence Rt	ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AM Aluninger N Aluninger N Aluninger N Street Address Providence RI State RI		
Manager Name Manager Name Street Address Street A	RICHARD J. Deeble No NE Street Address 475 Hope Street State RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER. Changes require Address James W. Webster Trees Trees To a minimal difference of the street of the street address To a minimal difference of the street of		
Eichard J. Deeble Volume State State State Etp Providence RI 02996=1639 State Etp Providence RI O2996=1639 Etp Providence Etp Etp Etp Providence Etp Etp Etp Providence Etp Etp Etp Etp Providence Etp Etp Etp Etp Etp Providence Etp E	Richard J. Deeble Vol No. 8 Street Address 475-Hope-Street State Providence Rt State Street Address Tops RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER. Changes require Address 708 M City Middl Street Address Tops Manager No. Street Address Stre		
475-Hope-Street To State RE State RE 92906=1639 Manager Name Street Address To State 2ip City Manager Name Street Address To State 2ip City State 2ip City State 2ip City State 2ip City State 2ip RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address James W. Webster 708 Mitchells Lane City Middletown 02842 Under penalty of perjury, I declare and affirm that I have examined	State State Providence RI State Pages III Page		
Providence RI 24p 02996=16399 Manager Name Manager Name State 24p 24p City State 24p City State 24p RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address James W. Webster 708 Mitchells Lane City Middletown 24p 02842 Under penalty of perjury, I declare and affirm that I have examined	Providence RI 02906 1639 Manager No. State RI 02906 1639 Manager No. State RI 02906 1639 Manager No. State RI 02906 1639 State RI 02906 1639 State RI 02906 1639 State RI 02906 1639 Manager No. State RI 02906 1639 Manager No.	dress	
Providence RI 03908=1639 Manager Name Street Address To State Zip City State RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER. Changes require filing of Form 642 · R.I.G.L. 7-16-11 Address James W. Webster 708 Mitchells Lane City Middletown 22p O2842 Under penalty of perjury, I declare and affirm that I have examined	Providence Name Manager No. Street Address Street Address Street Address Street Address Street Address Fequire No. Name Address Tools Manager No. Webster Tress City Middle Midd		
Test Address To State Address TO State Zip RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address James W. Webster To Mitchells Lane City Middletown Description of Form 642 - R.I.G.L. 7-16-11 Address James W. Webster To Middletown O2842 Under penalty of perjury, I declare and affirm that I have examined	Street Address Street Address Street Address Street Address RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER. Changes require Address James W. Webster Tools Tool	State	Zip
RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address James W. Webster James W. Webster Circ Middletown Circ Middletown O2842 Under penalty of perjury, I declare and affirm that I have examined	Street Address Street Address RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER. Changes require Address James W. Webster Total T		
RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address James W. Webster Total City Middletown O2842 Under penalty of perjury, I declare and affirm that I have examined	RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER. Changes require Address James W. Webster City Middl is report must be signed in ink by an authorized person pursuant to 7-16- this read	Nume	
RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address James W. Webster Total City Middletown O2842 Under penalty of perjury, I declare and affirm that I have examined	RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER. Changes require Address James W. Webster City Middl is report must be signed in ink by an authorized person pursuant to 7-16- this read	dires	
RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address James W. Webster City Middletown O2842 Under penalty of perjury, I declare and affirm that I have examined	RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER. Changes require Address James W. Webster 708 M City Middl is report must be signed in ink by an authorized person pursuant to 7-16- Under this re and the signed in the signed in the signed in the signed the signed in	···· • · · · ·	
James W. Webster James W. Webster City Middletown 02842 Discreport 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	James W. Webster James W. Webster Tool Middl City Middl is report must be signed in ink by an authorized person pursuant to 7-16- Under this re and the signed in the state of the sta	State	Zip
James W. Webster James W. Webster City Middletown 02842 Discreport 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	James W. Webster James W. Webster Tool Middl City Middl is report must be signed in ink by an authorized person pursuant to 7-16- Under this re and the signed in the state of the sta		
James W. Webster City Middletown 02842 Sity Middletow	James W. Webster Toler City Middl is report must be signed in ink by an authorized person pursuant to 7-16- Under this re and the signed in the size of the s	re filing of Form 642 · R.I.C	LL. 7-16-11
Middletown 2ip 02842	Under this read the Durc 9-12-03		
Middletown 2ip 02842	Under this read the Durc 9-12-03	Mitchells Lane	
vis report must be s igned in ink by an authorized person pursuant to 7-16-66. Under penalty of perjury, I declare and affirm that I have examined	Under this real to G-12-03	dletown	
Under penalty of perjury, I declare and affirm that I have examined	Under this re and the Durc $G-12-03$	116comu	02842
	this reand the Dure $G-12-03$	16-66.	
this report, including any accompanying schedules and statements, and that all statements contained berein are true and correct. Sile Dure 376e4 Signature of Allihortzed Person Date Richard Deeble Print or Type Name of Authortzed Person	Ri Ri	s report, including any accompany it that all statements contained bere had been accompanied bere and the statements of Authorized Person	ring schedules and statements, ein are true and correct. 8/25/03 Date
ANCIOLO DECLE	DR SECRETARY OF STATE USE ONLY	nt or Type Name of Authorized Person	n