

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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

• Filing Fee: \$50.00 Filing Period: September 1 - November 1 (FORM MUST BE TYPED OR PRINTED IN BIACK) 2 Exact name of the limited liability company I ID No 127714 THOMSONS PROPERTIES, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation REAL ESTATE. **RHODE ISLAND** 5 Principal office address State 14 Abbotts Crossing Road Coventry RI 02816 ... 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Thomas Marcotte City Street Address 02816 14 Abbotts Crossing Road Coventry RI 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) $\overline{(2)}$ / 7-16-52 Manager Name Manager Name Street Address Street Address State Z.ID *7.*(p City Manager Name Manager Name Street Address Street Address State Ζŧρ State 2.0 City 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address Agent Name JOHN S. BRUNERO, JR. Zφ Address COVENTRY 02816-**1070 MAIN STREET**

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

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File Date	1/9/06 127714					
Check No.	4/20					
Ву:	B	.				
F	OR SECRETARY OF STATE USE ONLY					

Under penalty of perjury, I declare and affin	m that I have examined this report,
including any accompanying schedules and	statements, and that all statements.
contained beggin are true and correct.	

Hours Mail

/2-27-05

Thomas Marcotte

Print or Type Name of Authorized Person



Corporations Division 100 North Main Street Providence, RI 02903-1335

401,222,3040

LIMITED LIABILITY COMPARY ANNUAL REPORT FOR THE YEAR ____

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) T ID Vo 2. Exact name of the limited hability company THOMSONS PROPERTIES, LLC 3. State of Formation 4. Brief description of the character of the histness which is actually conducted in Rhode Island REAL ESTATE. **RHODE ISLAND** 5. Principal office address State 14 Abbotts Crossing Road Coventry RI 02816 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Thomas Marcotte Street Address CHY 14 Abbotts Crossing Road Coventry RI 02816 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 Street Address Street Address Z.Ip City State Zip Manager Name Manager Name Street Address Street Address City State Zip State Z.Ip 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address <u>John S. Brunero. Jr.</u> Address City Zip 1070 MAIN STREET COVENTRY 02816-

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



File Date 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.

Synature of Authorized Pers

Thomas Marcotte

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2003

Filing Period: September		Filing Fee: \$50.00		•			
(FORM MUST BE TYPED OR I 1. ID No. 2. i 127714	Exact name of the limited liabili	name of the limited liability company THOMSONS PROPERTIES, LLC					
3. State of Formation	4. Brief description of the	4. Brief description of the character of the husmess which is actually conducted in Rhode Island					
RHODE ISLAND	Real Est	tate					
5. Principal office address 14 Abbotts Crossing Road			Coventry	State RI	^{zip} 02816		
	OF LIMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:			
Mr. Thomas Marcotte			Contact Title Member				
Street Address 14 Abbotts Crossing Road			^{City} Coventry	State R	RI	^{2ip} 02816	
	FILL IN SPACES	BEFORE USING ATTAC	ILITY COMPANY, IF APPLICAB CHMENTS ("X" BOX FOR AT LING OF AMENDMENT, R.I.G.L	TACHMENT)	_	-52	
None Name			Managor Muno				
Street Address			Street Address				
City	State	Ζιρ	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 Agent Name JOHN S. BRUNERO, JR.			es require filing of Form 642 - R.I.G.L. 7-16-11 Address				
Address 1070 MAIN STREET			CUy COVENTRY	2ip 02816-			

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

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File Date _	111	3/0))					
Check No	<u></u>	<u> 13</u>						
Ву:	An	<u>, </u>						
] ro	OR SECRE	TARY O	F STATE	USEC	NLY			

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 Dute

Print of Type Name of Authorized Person