

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

MITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_\_ 2005

| iling Period: Septem                  |                                  | Filing Fee: \$50.00                               |   |                   |                    |
|---------------------------------------|----------------------------------|---|---|-------------------|--------------------|
| · · · · · · · · · · · · · · · · · · · | OR PRINTED IN BLACK)             |   |   |                   |                    |
| 1. ID No.                             | 2 Exact name of the limited liab |   |   |                   |                    |
| 108214                                | MINTURN-METACOM, LLC             |   | ch is actually conducted in Rhode Islan | nd                |                    |
| 3. State of Formation                 |                                  |   | ED B Remark Evaluent in Novice in the   |                   | 1                  |
| RHODE ISLAND                          | REAL ESTATE DI                   | EAECOLMENT  |   |                   |                    |
| 5. Principal office address           |                                  |   | City D                                  | State             | $z_{\varphi}$      |
| 300 M                                 | storom AVO                       | nue.  | Kristol .                               | 1 KI              | . 102804           |
|                                       | CACOTTY ALVE                     | COMPANY AND NAME                                  | OR TITLE OF CONTACT PER                 | SON:              |                    |
| 5. MAILING ADDRES                     | S OF LIMITED LIABILITY           | COMPANT AND INDE                                  | Contact Title                           |                   | <u>-</u>           |
| Contact Name   12                     | 1 S. En                          | SPCA  |   |                   |                    |
| <u>~13</u>                            | <u>a 01 1 01</u>                 | Deca-   | City                                    | State             | . Zip              |
| Street Address M                      | ofocom A                         | 1100110   | " RVISTOL                               | $\mathbb{R}^{-1}$ | E 102809           |
| 370 111                               | elucom A                         | VETIUE  | DIO                                     | 1 7.5.24          |                    |
| 7. NAME AND ADDI                      | RESS OF EACH MANAGER             | OF THE LIMITED LIAB                               |   |                   | <b>¬</b>           |
|                                       | FILL IN SPACE                    | S BEFORE USING ATTAC                              | LING OF AMENDMENT, R.I.G.               | L. 7-16-12 (a)    | ⊒<br>(2) / 7-16-52 |
| AN                                    | Y MODIFICATIONS TO MA            | ANAGERS REQUIRES FIL                              |   |                   |                    |
| Manager Name                          | · C Tax                          | 1011  | Manager Name                            |                   |                    |
| <i>⊢</i> /5                           | 04 0, FOI                        | 1500  | <u>:</u>                                |                   |                    |
| Street Address C. 1 C. 1              |                                  |   | Street Address                          |                   |                    |
| 41.81                                 | ndra - 17                        | i   |   |                   |                    |
| City                                  | State O                          | ZIP A > CAC                                       | City                                    | State             | Ζφ                 |
| Kristol                               | RI                               | 1 00809   | <u>:</u>                                |                   |                    |
| Manager Name                          |                                  | ,,,,l,,,,,,,,,,,,,,,, <del>,,,,,,,,,,,,,,,,</del> | Manager Name                            |                   |                    |
| manager mane                          |                                  |   |   |                   |                    |
| Street Address                        |                                  |   | Street Address                          |                   |                    |
|                                       |                                  |   |   |                   |                    |
| Chy                                   | State                            | Zíp   | City                                    | State             | Ζφ                 |
| •                                     |                                  |   |   | 1                 |                    |
| 8. RESIDENT AGEN                      | T IN RHODE ISLAND - DO           | O NOT ALTER - Changes                             | require filing of Form 642              | - R.I.G.L. 7-16   | -11                |
| Agent Name                            |                                  | •   | Address                                 |                   |                    |
| •                                     |                                  |   |   |                   |                    |
| LISA FONSECA                          | <u> </u>                         |   | Cin                                     |                   | Ζφ                 |
| Address                               |                                  |   | 1 ***                                   |                   | •                  |
| 41 SANDRA COURT                       |                                  |   | BRISTOL 02809                           |                   |                    |
|                                       | <del></del>                      |   |   |                   |                    |

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

| File Date | 24/05 108214               |
|-----------|----------------------------|
| Check No  | 232                        |
| By:       | CXC                        |
| FOR SI    | ECRETARY OF STATE USE ONLY |

| Under penalty of poincluding any according | mpanying so  | chedules and state | at I have exami<br>ments, and that | ned this report<br>all statements |
|--|--------------|--------------------|------------------------------------|-----------------------------------|
| contained herein ar                        | e true and c | orrect.            |                                    |                                   |
| Maa x                                      | 1.70         | nseca              | 10-2                               | 0-05                              |
| Signature of Authori                       | zed Person   |                    | Date                               |                                   |
| Lisa                                       | <u>5',</u>   | ronse              | eca_                               |                                   |
| Print or Type Name                         | of Authorize | d 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 \_\_\_\_\_\_ 2004

| illing Period: Septen<br>FORM MUST BE TYPED        |             |  | Filing Fee: \$50.00          |   |                   |                    |               |     |
|--|-------------|--|------------------------------|---|-------------------|--------------------|---------------|-----|
| 1. IID No.<br>108214                               |             | name of the limited Hability company RN-METACOM, LLC |                              |   |                   |                    |               |     |
| 3. State of Formation                              | <del></del> |  | character of the business wh | ich is actually conducted in Rhode                                    | ! Island          | •                  | <del></del>   |     |
| RHODE ISLAND                                       |             | REAL ESTATE DE                                       | /ELOPMENT                    |   |                   |                    |               |     |
| 5 Principal office address 41 Sar 6. MAILING ADDRE | SS OF LU    | COU,   | C.F.                         | OR TITLE OF CONTACT   | State K           | ZT.                | 028           | 309 |
| Contact Name Lis                                   | a s         | S. Fon   | 30Ca                         | Contact Title   |                   |                    |               |     |
| Sircei Address H                                   | Sar         | ndra C   | ourt                         | "Briston  | State K           | T                  | Zup Oa.       | 809 |
|  |             | FILL IN SPACES                                       | BEFORE USING ATTAC           | ILITY COMPANY, IF APPL<br>CHMENTS ("X" BOX FO<br>ING OF AMENDMENT, R. | R ATTACHMENT,     |                    | 5-52          |     |
| Manager Name                                       | '5a         | S. F.  | onseca                       | Manager Name  |                   |                    |               |     |
| Street Address 41                                  | Sa          | ndra 1   | Court                        | Sirvei Address  |                   |                    |               |     |
| cuy Brista   | 51          | State RI   | zu 02809                     | City  | State             | •••••              | Zip           |     |
| Manager Name                                       |             |  |                              | Manager Name  |                   |                    |               |     |
| Sirver Address                                     |             |  | <del>_</del>                 | Street Address  | <del></del>       |                    | <u> </u>      |     |
| City   |             | State  | Zíp                          | City  | State             |                    | Zip           |     |
| B. RESIDENT AGEN                                   | T IN RHO    | DDE ISLAND - DO !                                    | NOT ALTER - Changes          | require filing of Form 6  | 42 - R.I.Ğ.L. 7-1 | 6-11               | .l <u>.</u> . |     |
| LISA FONSECA                                       |             |  |                              |   |                   |                    |               |     |
| Address 45 SANDRA COURT                            |             |  |                              | City<br>BRISTOL   |                   | <i>Σφ</i> ∠ 0286∰. | 30<br>338     |     |
|  |             |  |                              |   |                   | 21                 | 38.7E         |     |
|  |             |  |                              |   |                   | =                  | 72 × C        |     |
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|  |             |  |                              |   |                   | ₽                  | ED<br>F ST    |     |
|  |             |  |                              |   |                   |                    | NA.           |     |
|  |             | This report must be                                  | signed in ink by an ai       | ithorized person pursuant t   | o R.I.G.L. 7-16-0 | бб. <del>-</del>   | 4-1           |     |
| •  |             |  | l 1 <b>81</b> 1              |   |                   |                    |               |     |
|  |             |  |                              |   |                   |                    |               |     |
|  |             |  |                              |   |                   |                    |               |     |

FILED

File Date

SEP 2 1 2004

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

108214\*

including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person

Print or Type Name of Authorized Person

Under penalty of perjury, I declare and affirm that I have examined this report,



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Math Street Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_

2003

| -                             | ober I - November I<br>OR PRINTED IN BLACK) | • Filing Fee: \$50.00         | 0  |                           |  |  |
|-------------------------------|---|-------------------------------|--|---------------------------|--|--|
| 1. ID No.                     | 2. Exact name of the limited                | liability company             | · · · · · · · · · · · · · · · · · · ·  |                           | <del></del>                              |  |
| 108214                        | MINTURN-METAC                               | MINTURN-METACOM, LLC          |  |                           |  |  |
| 3 State of Formation          | 4. Brief description                        | of the character of the busin | ess which is actually conducted in Rhode I.  | sland                     | ······································   |  |
| RHODE ISLAND                  | REAL ESTATE                                 | DEVELOPMENT                   | <u> </u>   |                           | en e |  |
| 5. Principal office addres 50 | indra Cou                                   | irt                           | Bristol  | State R.I.                | 02809                                    |  |
| 6. MAILING ADDRE              | SS OF LIMITED LIABIL                        | ITY COMPANY AND N             | SAME OR TITLE OF CONTACT PI  | ERSON:                    |  |  |
| Contact Name Lj.              | sa S. Fon                                   | seca_                         | Contact Title  |                           |  |  |
| Street Address 45             | Sundra C                                    | 7.                            | ciy Bristol  | State RI                  | 02809                                    |  |
|                               | FILL IN SPA                                 | CES BEFORE USING A            | LIABILITY COMPANY, IF APPLICATE  ATTACHMENTS ("X" BOX FOR IS FILING OF AMENDMENT, R.I. | ATTACHMENT)               | 7-16-52                                  |  |
| Manager Name £150             | 5. Fons                                     | seca_                         | Manuger Name   | Manager Name              |  |  |
| Sirce Address 45 Sandra Court |   |                               | Street Address   | Street Address            |  |  |
| Bristo                        | 1 State RI                                  | ZID 02800                     | 7 City   | State                     | Zip                                      |  |
| Manager Name                  |   |                               | Manager Nume   | ••••••                    | ••••••••••••••••••                       |  |
| Street Address                | <u> </u>                                    |                               | Street Address   | <del></del>               |  |  |
| City                          | State                                       | Zip                           | City   | State                     | Zip                                      |  |
| 8. RESIDENT AGEN Agent Name   | T-IN RHODE ISLAND - 1                       | DO NOT ALTER - Cha            | nges require filing of Form 64   | 1<br>2 - R.I.G.L. 7-16-11 | ı  |  |
| LISA FONSECA                  |   |                               |  |                           |  |  |
| Address 45 SANDRA COURT       |   |                               | City<br>BRISTOL  | 1 "                       |  |  |
|                               | · · · · · · · · · · · · · · · · · · ·       |                               |  | <u></u>                   | <del>-:</del>                            |  |

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

| * 1 0 8 2 1 4 *                    |
|------------------------------------|
| File Daie 1121 B                   |
| By:FOR SECRETARY OF STATE USE ONLY |

| Under penalty of perjury, I declare and a<br>neluding any accompanying schedules<br>contained herein are true and correct. |                  |
|--|------------------|
| Lisa S. Foreser  | <u> 11-19-03</u> |
| ignature of Authorized Person  | Date             |
| Lisa S. Fonsec   | <u></u>          |
| Print or Type Name of Authorized Person  |                  |



Edward S. Inman, 111, 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: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liabilty company 108214 MINTURN-METACOM, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **REAL ESTATE DEVELOPMENT RHODE ISLAND** 5. Principal office address 02809 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name City 03809 ADDRESS OF EACH MANAGER OF THE LIMITED LIABILIT 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 State Manager Name Street Address ·Street Address City State Zip . State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 igent Name Address **LISA FONSECA** Address City Ζiρ **45 SANDRA COURT** BRISTOL 02809

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. |
|--|---|
| File Date 11-13-02                     | and that all statements contained herein are true and correct.  |
| Check No. 113                          | Signature of Authorized Person Date   |
| FOR SECRETARY OF STATE USE ONLY        | Print or Type Name of Authorized Person   |
|  | Form 632 Rev. 6/02  |

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

**◆** •



Please detach

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 DLLC 108214                                       | Annual Report for the year 2001  |
|---|--|--|
| 1.  | The name of the limited liability compa                  | any is:  |
|   | MINTURN-METACOM, LLC                                     |  |
| 2.  | The address of the principal office of the H5 Gandra Co  | he limited liability company is:  OUTH Bristol RT 02809  |
| 3.  | The state or other jurisdiction under th                 | e laws of which it is formed is RHODE ISLAND   |
| The name and address of its resident agent is: LISA FONSECA |  |  |
|   | 45 SANDRA COURT BRISTOL RI 02                            | 809  |
| 5.  | The current mailing address of the lim                   | ited liability company and the name or title of a person to whom communications  |
|   | may be directed are: Lisa F                              | Bristol RT 02909   |
| 6.  | A brief statement of the character of state: Real Estate | the business in which the limited liability company is actually engaged in this Development  |
| 7.  | Name   | nagers, the name and address of each manager of the limited liability company  Address  45 Sundra Ct Bristol RI 02809  |
| Da  | 9-30-01<br>1 0 8 2 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.  Minturn - Metacom, LL C  Exact Name of Limited Liability Company |
|   | FOR SECRETARY OF STATE USE ONLY of Date:                 | By hisa S. Honsella<br>Manager   |
| Ву  |  | Title Form No. 632<br>Revised 01/99  |

DETACH BOTTOM BEFORE RETURNING
to show section including and of State. If the



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 DLLC 108214

By:

Annual Report for the year 2000

| טו   | Hanisher DEEC 100214   |  |
|------|--|--|
| 1.   | The name of the limited liability compa  | any is:  |
|      | MINTURN-METACOM, LLC   |  |
| 2.   | The address of the principal office of the House Contract | the limited liability company is:  OUNT Bristol RT 02809   |
| 3.   | The state or other jurisdiction under the  | ne laws of which it is formed is RHODE ISLAND  |
| 4.   | The name and address of its resident   | agent is: LISA FONSECA   |
|      | 45 SANDRA COURT BRISTOL RI O   | 2809   |
| 5.   | The current mailing address of the lin   | nited liability company and the name or title of a person to whom communications   |
|      | 45 Sandra  | Ste Bristol RI 02809   |
| 6.   | A brief statement of the character of state: Real Estate   | f the business in which the limited liability company is actually engaged in this  Development   |
| 7.   | If the limited liability company has ma<br>Name  | nagers, the name and address of each manager of the limited liability company  **Address**   |
|      |  |  |
| De   | nted 10-16-00  | 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. |
|      |  | Minturn - Metuan, LLC Exact Name of Limited Liebility Company  |
| File | FOR SECRETARY OF STATE USE ONLY Date: /0/27  | By hisa S. Fonsecu   |
| Ch   | eck No.: /UC   | RIGIS WILL COGENT  |
| Ву   | : 2e   | Form No. 632<br>Revised 01/99  |