

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 _

1. ID No. 119715		name of the limited liability company neck Group LLC						
3. State of Formation RHODE ISLAND	_	4. Brief description of the character of the husiness which is actually conducted in Rhode Island OWN, OPERATE, MAINTAIN, MANAGE, AND LEASE REAL PROPERTY						
5. Principal office addr 272 VALI	rincipal office address 272 VALLEY ROAD				State RI	7.ip 02840-		
6. MAILING ADDE Contact Name JOHN J EGAI		MITED LIABII	LITY COMPANY AND NA	AME OR TITLE OF CONTAC	T PERSON:	· · ·		
ireei Address				City	State	Zip		
P.O. BOX	P.O. BOX 678				RI	02840-		
- Munager Name		FICATIONS TO	ACES BEFORE USING AT MANAGERS REQUIRES MANAGEMENT, Inc.	TACHMENTS ("X" BOX : FILING OF AMENDMENT, Manager Name	FOR ATTACHMENT) R.I.G.L. 7-16-12 (a) (2			
Street Address P.O. BOX 6			· · · · · · · · · · · · · · · · · · ·	Street Address				
City NEWPORT		State RI	^{Zip} 02840	City	State	Zip		
Manager Name	••••••	······································	••••••	Manager Name	••••••			
Street Address		· · -		Street Address				
City		State	Zip	City	State	Zip		
B. RESIDENT AGE Agent Name DAVID P. MARTLAN		ODE ISLAND	DO NOT ALTER - Chan	nges require filing of Form	n 642 - R.I.G.L. 7-16-1:			
		1100 AQUIDNECK AVENUE			Zit			

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



119715

File Date

Check No.

By:

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

Date

David P. Martland, Esq.

Print or Type Name of Authorized Person



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 liabilty company 1. ID No. 119715 Aguidneck Group LLC 3. State of Formation 4. Brief description of the character of the husiness which is actually conducted in Rhode Island OWN, OPERATE, MAINTAIN, MANAGE, AND LEASE REAL PROPERTY RHODE ISLAND State 5. Principal office address NEWPORT RI 02840-272 VALLEY ROAD 6 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name JOHN J EGAN City Street Address State Zip . NEWPORT RI 02840-P.O. BOX 678 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, RJ.G.1.7-16-12 (a) (2) / 7-18-52 · Manager Name Manager Name Aquidneck Shopping Center Management, Inc. · Street Address Street Address P.O. Box 678 Zip State State *City City Z_{ip} RI 02840 Newport Manager Name Manager Name ·Street Address Street Address City State Ziρ City Zio 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filing of Form 642 - RLGL 7-16-11 Address DAVID P. MARTLAND, ESQ. 1100 AQUIDNECK AVENUE Ciry Address

MIDDLETOWN

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.

Signature of Authorized Person

02842-

David P. Martland

Print or Type Name of Authorized Person



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

ITED 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) 1. ID No. 2. Exact name of the limited liabilty company 119715 Aquidneck Group LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island OWN, OPERATE, MAINTAIN, MANAGE, AND LEASE REAL PROPERTY RHODE ISLAND 5. Principal office address State City Zip NEWPORT RI 02840-272 VALLEY ROAD 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name JOHN J EGAN State Street Address City Zip NEWPORT RI 02840-P.O. BOX 678 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE 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 Aquidneck Shopping Center Management, Inc. Street Address Street Address P.O. Box 678 State Zip City State Zip City 02840 RI Newport Manager Name Manager Name Street Address Street Address City Ziρ City State Zip State 8. RESIDENT AGENT IN REIODE ISLAND: DO NOT ALTER- Changes require filing of Form 642 - R-LGL 7-16-11 Agent Name DAVID P. MARTLAND, ESQ. 1100 AQUIDNECK AVENUE City Zip Address MIDDLETOWN 02842-

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



119715 DLLC 11/04/03 01:04:51 #M Check No. 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.

John J. Egan, Jr., Member Print or Type Name of Authorized Person



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

FORM MUST BE TYPI								
1. ID No. *119715*	Aquidneck	name of the limited liability company neck Group LLC						
3. State of Formation	4. Bri	ef description of th	he character of the husiness maintain, manage	which is octually cond	ucted in Rhode Island			
RHODE ISLAND	OME	, operate,	maintain, manaye	, 200 10094 100				
5. Principal office addre	ess	-	· · · · · · · · · · · · · · · · · · ·	City	State	Zip	_	
272 VALLEY ROAD				NEWPORT RI		02840-		
SSECTION FROD	uesseo) en	STEERINE (SS.	LIXY CUMPANY AN	D. NAME OR TIT	LE OF CONTACT P	ERSONi		
Contact Name	m/mm. 1817.30.55 1783.71117	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~~~	Contact Title				
John J. Egan, Jr.				President of Manager				
Street Address			-	City	State	Ziρ		
P.O. Box 678				. Newport	RI	028	40	
T NAME AND AD	DRKSR OF E	ECH MANAC	EROFIBELIMIT	POCIABILITY	ompany, le appli	CABI,F		
	8	LL IN SPACES	BEFORE/USING ATTA	CIMENTS CX*8	OX FOR ATTACHMENT)			
	ARY MODEL	CATIONS TO MA	MAGERS RECURRES F	ING OF AMENOME	NT: RLGL(7-16-12 (#) (2) / 7<16-52		
Manager Name	/////////////////////////////////////	***************************************		• Manager Name				
Aquidneck Sho	pping Cen	ter Manage	ment, Inc.	•				
Street Address				• Street Address				
P.O. Box 678				:				
City	State		Zip	*City	State	Zip		
Newport	RI		02840	•				
Manager Name			,, , , , , , , , , , , , , , , , , , , ,	Manager Name				
Street Address				• Street Address				
City	State		Zip	City	State	Zip		
The second second and the second seco	NT IN RHOD	fastand 20	MOTALJER: Change	WALKER SANDERS OF THE	of Form 642 R.L.G.	(3) (5)		
Agent Name				Address				
DAVID P. MARTI	LAND, ESQ.			1100 AQUIDN	ECK AVENUE			
Address				City		Zip	ip	
				MIDDLETOWN		02842-	02842-	

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



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File Date	/ <i>i></i>	9.5	· ()	<u></u>	
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FOR SEC	retary c	F STATE	use (YJNC	

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.

John J. Egan, Jr.

Print or Type Name of Authorized Person

Form 632 R'