



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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 119715		2. Exact name of the limited liability company Aquidneck Group LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN, OPERATE, MAINTAIN, MANAGE, AND LEASE REAL PROPERTY	
5. Principal office address 272 VALLEY ROAD		City NEWPORT	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name JOHN J EGAN		Zip 02840-	
Street Address P.O. BOX 678		City NEWPORT	State 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) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52		Zip 02840-	
Manager Name AQUIDNECK SHOPPING CENTER MANAGEMENT, Inc.		Manager Name	
Street Address P.O. BOX 678		Street Address	
City NEWPORT	State RI	City	State
Zip 02840		City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11		Zip	
Agent Name DAVID P. MARTLAND, ESQ.		Address	
Address 1100 AQUIDNECK AVENUE		City MIDDLETOWN	Zip 02842-

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



\*119715\*

File Date	11-02-05
Check No.	5055
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 10/31/05

David P. Martland, Esq.  
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  
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)

1. ID No. 119715		2. Exact name of the limited liability company Aquidneck Group LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN, OPERATE, MAINTAIN, MANAGE, AND LEASE REAL PROPERTY	
5. Principal office address 272 VALLEY ROAD		City NEWPORT	State RI
		Zip 02840-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOHN J EGAN		Contact Title .	
Street Address P.O. BOX 678		City NEWPORT	State RI
		Zip 02840-	
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) / 7-18-52			
Manager Name Aquidneck Shopping Center Management, Inc.		Manager Name .	
Street Address P.O. Box 678		Street Address .	
City Newport	State RI	City .	State .
Zip 02840		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 DAVID P. MARTLAND, ESQ.		Address 1100 AQUIDNECK AVENUE	
Address .		City MIDDLETOWN	Zip 02842-

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



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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 11/3/04

David P. Martland

Print or Type Name of Authorized Person

*119715 DLLC 11/02/04 03:07:59 PM*	
File Date	11/18/05
Check No.	2637
By	DA
FOR SECRETARY OF STATE USE ONLY	



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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

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



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\*119715 DLLC 11/04/03 01:04:51 PM\*

File Date 12/4/03

Check No. 2084 ✓

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 of Authorized Person [Signature] Date 11/5/03

John J. Egan, Jr., Member

Print or Type Name of Authorized Person



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

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 TYPED OR PRINTED IN BLACK)

1. ID No. *119715*		2. Exact name of the limited liability company Aquidneck Group LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island own, operate, maintain, manage, and lease real property			
5. Principal office address 272 VALLEY ROAD		City NEWPORT	State RI	Zip 02840-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name John J. Egan, Jr.		Contact Title President of Manager			
Street Address P.O. Box 678		City Newport	State RI	Zip 02840	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILL IN SPACES BEFORE USING ATTACHMENTS (EX *BOX FOR ATTACHMENT*) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT R.I.G.L. 7-16-12 (b) (2) / 7-16-52					
Manager Name Aquidneck Shopping Center Management, Inc.		Manager Name			
Street Address P.O. Box 678		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
8. RESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filing of Form 642, R.I.G.L. 7-16-51					
Agent Name DAVID P. MARTLAND, ESQ.		Address 1100 AQUIDNECK AVENUE			
Address		City MIDDLETOWN	Zip 02842-		

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



\* 1 1 9 7 1 5 \*

\*\*119715\* 11/8/02 12:35:32 PM\*

File Date 12-3-02

Check No. 22231

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] 11/8/02  
Signature of Authorized Person Date

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