



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)

1. ID No 134415		2. Exact name of the limited liability company SMITH HILL (BRANCH) PROPERTY ACQUISITION, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING COMPANY			
5. Principal office address 251 SMITH STREET		City PROVIDENCE	State RI	Zip 02908	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JAMES T. LYNCH			Contact Title		
Street Address 251 SMITH STREET		City PROVIDENCE	State RI	Zip 02908	
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 DAN'S MANAGEMENT COMPANY, LLC			Manager Name		
Street Address 251 SMITH STREET			Street Address		
City PROVIDENCE	State RI	Zip 02908	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 LAWRENCE P. MCCARTHY, III ESQ.			Address		
Address 123 DYER STREET			City PROVIDENCE	Zip 02903-	

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



134415

File Date	<u>10/28/05</u>
Check No.	<u>3212</u>
By:	<u>[Signature]</u>
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.

Dan's Management Company, LLC, Manager
By: [Signature] Date 9/20/05
Signature of Authorized Person
JAMES T. LYNCH, PRESIDENT
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. 134415		2. Exact name of the limited liability company SMITH HILL (BRANCH) PROPERTY ACQUISITION, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island <i>Real Estate Holdings Company</i>			
5. Principal office address 251 SMITH STREET		City PROVIDENCE	State RI	Zip 02908-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name James Lynch			Contact Title .		
Street Address 251 Smith Street		City . Providence	State RI	Zip 02908	
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 Dan's Management Company, LLC		. Manager Name .			
Street Address 251 Smith Street		. Street Address .			
City Providence	State RI	Zip 02908	. 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 WAYNE M. KEZIRIAN, ESQ.		Address 128 DORRANCE STREET			
Address		City PROVIDENCE	Zip 02903-		

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



134415 DLLC 10/14/04 11:15:37 AM

File Date 12/15/04

Check No. 2285

By: W.

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.

Dan's Management Company, LLC

By: [Signature] Date 11/16-04

Signature of Authorized Person

Date

James T. Lynch, Manager

Print or Type Name of Authorized Person