



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street, Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

1. ID No. 129516		2. Exact name of the limited liability company Susanna's Woods, 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	
5. Principal office address 50 SOUTH MAIN STREET		City PROVIDENCE	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name THOMAS GODDARD		Contact Title	
Street Address 50 SOUTH MAIN STREET		City PROVIDENCE	State RI
		Zip 02903	
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 None		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name HASLAW, LLC		Address 50 KENNEDY PLAZA, SUITE 1500	
Address SANDRA MATRONE MACK, SEC.		City PROVIDENCE	Zip 02903

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



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129516 DLLO 09/20/06 09:07:01 PM	
File Date	SEP 22 2006
Check No.	By 1803526
By:	SAN
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.

Sandra Matrone Mack 9/20/06
Signature of Authorized Person Date
Sandra Matrone Mack, Secretary, HASLAW, LLC
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. 129516		2. Exact name of the limited liability company Susanna's Woods, 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	
5. Principal office address 50 South Main Street		City Providence	State RI Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Thomas Goddard		Contact Title	
Street Address 50 South Main Street		City Providence	State RI Zip 02903
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 None		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• 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 Sandra Matrone Mack, Secretary		Address 1500 Fleet Center	
Address HASLAW, LLC		City Providence	Zip 02903

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



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File Date	<u>11/12/04</u>
Check No.	<u>164377</u>
By:	<u>SA</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.

Sandra Matrone Mack 11/11/04
Signature of Authorized Person Date

Sandra Matrone Mack, Secretary HASLAW, LLC
Print or Type Name of Authorized Person