

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 2005

| rning Periou: Septe (FORM MUST BE TYPE | | | 1 • Filing Fee: \$. 4CK) | 30.00 | | |
|--|--------|---|---------------------------------------|--|--|---------------|
| <i>I. ID No.</i> 109518 | | name of the limited liabilty company Realty Associates, LLC | | | | |
| 3. State of Formation | | | | | | |
| RHODE ISLAND | i | TO ACQUIR | E, DEVELOP, OWN | , HOLD FOR INVESTMENT | AND MANAGE REAL | 2 PROPERTY |
| 5. Principal office addre 1387 MASSACHU | | AVENUE | | City LEXINGTON | State MA | Zip 02173- |
| 6. MAILING ADDI Contact Name JUSTIN S HOLD | | FLIMITED | LIABILITY COMP | Contact Title | LE OF CONTACT I | PERSON: |
| Street Address | | | | City | State | Zip |
| 170 WESTMINSTE | R STR | EET, SUIT | TE 301 | . PROVIDENCE | RI | 02903- |
| Manager Name | ANY MO | | PACES BEFORE USIN TO MANAGERS REQ | G ATTACHMENTS ("X" BC UIRES FILING OF AMENDMEN • Manager Name • | OX FOR ATTACHMENT IT. R.I.G.L 7-16-12 (a) (| - |
| Street Address | | | | · Street Address | _ | |
| City | | State | Zip | *City | State | Zip |
| Manager Name | 1 | | | Manager Name | | J |
| Street Address | | | · · · · · · · · · · · · · · · · · · · | Sireet Address | | |
| City | | State | Zip | City | State | Zip |
| Agent Name | | | D -DO NOT ALTER- C | hanges require filing o | | |
| JUSTIN S. HOLD | EN, ES | Q. | | | TER STREET, SU | |
| Address | | | | City | | Zip |
| | | | | | PROVIDENCE 02903 | |
| | | | | • | | • |

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



| *109518 DLLC 08/31/05/10:30:21 AM* |
|---|
| File Date 4/14/05 |
| Check No. 5611 |
| $B_{V} \longrightarrow \mathcal{O}_{1}$ |
| 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.

Nancy W. Porter, Member

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 TYPE | | | ICK) | p30.00 | | | | |
|---|---------|---------------------------|------------------|---|--|---------------|--|--|
| <i>I. ID No.</i> 109518 | | er Realty Associates, LLC | | | | | | |
| 3. State of Formation | | | | the business which is actually con | | | | |
| RHODE ISLAND TO ACQUIRE, DEVELOP, OWN, | | | | N, HOLD FOR INVESTMEN | HOLD FOR INVESTMENT AND MANAGE REAL PROPERTY | | | |
| 5. Principal office address 1387 MASSACHUS | | AVENUE | , - | City LEXINGTON | State MA | Zip 02173- | | |
| 6. MAILING ADDI Contact Name JUSTIN S HOLDI | | F LIMITED | LIABILITY COM | PANY AND NAME OR TI Contact Title | TLE OF CONTACT | PERSON: | | |
| Street Address | | | - · · | City | State | Zip | | |
| 170 WESTMINSTE | R STR | EET, SUIT | E 301 | . PROVIDENCE | RI | 02903- | | |
| 7. NAME AND ADI | | FILL IN SI | PACES BEFORE USE | E LIMITED LIABILITY (NG ATTACHMENTS ("X") QUIRES FILING OF AMENDME | BOX FOR ATTACHMENT | n□ | | |
| Manager Name | | | | • Manager Name | • • • • • • • • | | | |
| Street Address | | | | · Sireei Address | | | | |
| City | | State | Zip | *Ciny | State | Zip | | |
| Manager Name | J | • • • • • | | Manager Nume | | | | |
| Street Address | | <u> </u> | | ·Sircei Address | | | | |
| City | | State | Zip | City | State | Zip | | |
| 8. RESIDENT AGEN | T IN RH | ODE ISLAN | D-DO NOT ALTER- | Changes require filing | of Form 642 - R.I.G. | L. 7-16-11 | | |
| JUSTIN S. HOLDI | EN, ESC | 2. | | 170 WESTMIN | NSTER STREET, SU | JITE 301 | | |
| Address | | | | City | | | | |
| | | | | | PROVIDENCE 02903 | | | |
| | | | | | | | | |

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



| *109518 | DLLC 99/09/04 10:42:16 AM* |
|-------------|----------------------------|
| File Date | 11/22/04 |
| Check No. | 5503 |
| B <u>y:</u> | DA |
| FOR SECRI | ETARY OF STATE USE ONLY |

| Under penalty of perjury, I declare and a this report, including any accompanying and that all statements contained herein | schedules and | statements, | |
|--|---------------|-------------|----|
| () | arn | 9/17/0 | 94 |
| Signature of Authorized Person | Date | 77 | -/ |
| Nancy W. Porter Memi | har | / | |

Print or Type Name of Authorized Person

Form 632 Rev. 6/02



Ó ¿ → ® B ò P ● £ º 6 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

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This report must be -- 12 * 4.2 · 2 by an authorized person pursuant to 7-16-66.



| *109518 DI | .LC 09/05/03 04:01:46 PM* |
|-------------|---------------------------|
| File Date | 9 25-03 |
| Check No. | 5225 |
| By: | 2 |
| FOR SECRETA | RY 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

NANCY W. PORTER, MEMBER

Print or Type Name of Authorized Person



FOR SECRETARY OF STATE USE ONLY

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 TYI | | | | | | | |
|---|----------|---------------------------------------|---------------------------------------|--|----------------------------------|--|--|
| <i>I. ID No.</i> *109518* | | rname of the limited Realty Associ | | | | | |
| 3 State of Formation | | 4. Brief description TO ACQUIRE, | of the character of the DEVELOP, OWN, | husiness which is actually conducted to HOLD FOR INVESTMENT AND | in Rhode Island D MANAGE REAL | L PROPERTY | |
| RHODE ISLAND | | | | | | | |
| 5. Principal office add 1387 MASSACHI | | AVENUE | | City LEXINGTON | State MA | Zip 02173- | |
| | DRESS C | F LIMITED LI | ABILITY COMPA | NY AND NAME OR TITLE | OF CONTACT I | ERSON: | |
| <i>Contact Name</i> JUSTIN S. HOI | LDEN | | | Contact Title ATTORNEY | | | |
| Street Address | | | | City | State | Zıp | |
| 170 WESTMINST | | | | PROVIDENCE | RI | 02903- | |
| 7 . 2 | Cara and | FILL IN SPACE | ES BEFORE USING | LIMITED LIABILITY COME ATTACHMENTS "("X" BOX FO IIRES FILING OF AMENDMENT. R | OR ATTACHMENT | | |
| lanager Name | | | | • Manager Name | | | |
| N/A | | | | Street Address | | | |
| Street Address | | | | • Sirvei Address | | | |
| Сиу | | State | Zip | City | State | Zıp | |
| Manager Name | • • • • | J | | Manager Name | | | |
| Street Address | | | | •Street Address | | ·· · <u>-</u> | |
| City | | State | Zip | City | State | Zip | |
| gent Name JUSTIN S. HOL! Address | DEN, ES | SQ. | | Address 170 WESTMINSTER Cuy | STREET, SU | JITE 301 | |
| | | | | PROVIDENCE | | 02903 | |
| This report must h | e signed | in ink by an a | uthorized person | this report, including | any accompanying | affirm that I have examined ng schedules and statements, | |
| *109518 DLLC8/28/022:24:54 PM* File Date 4-(602) Charle No. 505 6 | | | | and that all statements contained herein are true and correct. | | | |
| Check No | φιυς | | - | Signature of Authorized | d Person | Date / | |
| В <u>у:</u> | (h | VC . | _ | NANCY W. | • | MEMBER | |
| | | | I | Print or Type Name of | numorizea Person | | |

To be filed annually between September 1 and November 1



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 | 109518 |
|-----|--------|------|--------|

Annual Report for the year 2001

| 1. | The name of the limited liability company is: | | | | | |
|----|---|--|--|--|--|--|
| | Porter Realty Associates, LLC | | | | | |
| 2. | The address of the principal office of the limited liability company is: | | | | | |
| | 1387 Massachusets Avenue, Lexington, MA 02173 | | | | | |
| 3. | The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND | | | | | |
| 4. | The name and address of its resident agent is: JUSTIN S. HOLDEN, ESQ. | | | | | |
| | 170 WESTMINSTER STREET, SUITE 301 PROVIDENCE RI 02903 | | | | | |
| 5. | The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Justin S. Holden, Esq., 170 Westminster Street, Providence, RI 02903 | | | | | |
| 6. | A brief statement of the character of the business in which the limited liability company is actually engaged in this To acquire, develop, own, hold for investment: and manage real property and any state: and all other lawful business for which limited liability companies may be organize | | | | | |
| 7. | under the General Laws of Rhode Island. If the limited liability company has managers, the name and address of each manager of the limited liability company Name N/A N/A | | | | | |
| Da | 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. Porter Realty Associates, LLC Exact Name of Limited Liability Company | | | | | |
| | FOR SECRETARY OF STATE USE ONLY Date: By Cucy Correct Member Nancy W. Porter Hauger 9/23/6/ Form No. 632 | | | | | |

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



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 | 109518 |
|----|--------|------|--------|
| | | | |

₿y:

Annual Report for the year 2000

| 1. | The name of the limited liability company is | : : | | | |
|----|--|---|--|--|--|
| | Porter Realty Associates, LLC | | | | |
| 2. | The address of the principal office of the lir | nited liability company is: | | | |
| 1 | 387 Massachusetts Avenue, Lexing | gton, MA 02173 | | | |
| 3. | The state or other jurisdiction under the lav | The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND | | | |
| 4. | The name and address of its resident agen | ntis: JUSTIN S. HOLDEN, ESQ. | | | |
| | 170 WESTMINSTER STREET, SUITE 30 | 1 PROVIDENCE RI 02903 | | | |
| 5. | The current mailing address of the limited | liability company and the name or title of a person to whom communications | | | |
| | | en, Esq., 170 Westminster Street, Providence, RI 02903 Suite 301 | | | |
| | To acquire, develop, own, state: and all other lawful busi organized under the Gener | business in which the limited liability company is actually engaged in this hold for investment and manage real property and any ness for which limited liability companies may be al Laws of Rhode Island. ers, the name and address of each manager of the limited liability company Address | | | |
| | N/A | | | | |
| | 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. Porter Realty Associates, LLC Exact Name of Limited Liability Company Member M | | | |
| | eck No.: | Nancy W. Porter Tide Form No. 632 Revised C1/33 | | | |