



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 109518		2. Exact name of the limited liability company Porter Realty Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE, DEVELOP, OWN, HOLD FOR INVESTMENT AND MANAGE REAL PROPERTY	
5. Principal office address 1387 MASSACHUSETTS AVENUE		City LEXINGTON	State MA
		Zip 02173-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JUSTIN S HOLDEN		Contact Title	
Street Address 170 WESTMINSTER STREET, SUITE 301		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		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	State	Zip	City
Manager Name	Manager Name		
Street Address	Street Address		
City	State	Zip	City
State	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 JUSTIN S. HOLDEN, ESQ.		Address 170 WESTMINSTER STREET, SUITE 301	
Address		City PROVIDENCE	Zip 02903

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



1 0 9 5 1 8

109518 DLLC 08/31/05 10:30:21 AM
File Date <u>9/14/05</u>
Check No. <u>5611</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.

Nancy W. Porter 9/12/05
Signature of Authorized Person Date
Nancy W. Porter, Member
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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		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		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	State	Zip	State
Manager Name	Manager Name	Manager Name	Manager Name
Street Address		Street Address	
City	State	Zip	City
State	State	Zip	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JUSTIN S. HOLDEN, ESQ.		Address 170 WESTMINSTER STREET, SUITE 301	
Address		City PROVIDENCE	Zip 02903

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



1 0 9 5 1 8

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

109518 DLLC 09/09/04 10:42:16 AM
File Date <u>11/22/04</u>
Check No. <u>5503</u>
By: <u>DA</u>
FOR SECRETARY OF STATE USE ONLY



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

Office of the 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

U.S. DEPARTMENT OF THE TREASURY U.S. DEPARTMENT OF THE TREASURY

UNITED STATES DEPARTMENT OF THE TREASURY

1. ID No. 109518		2. Exact name of the limited liability company Porter Realty Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE, DEVELOP, OWN, HOLD FOR INVESTMENT AND MANAGE REAL PROPERTY			
5. Principal office address 1387 MASSACHUSETTS AVENUE		City LEXINGTON	State MA	Zip 02173	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JUSTIN S. HOLDEN		Contact Title ATTORNEY			
Street Address 170 WESTMINSTER STREET, SUITE 301		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					
Manager Name N/A		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 (ON ONE 800) Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name JUSTIN S. HOLDEN, ESQ.		Address 170 WESTMINSTER STREET, SUITE 301			
Address		City PROVIDENCE	Zip 02903		

This report must be filed by an authorized person pursuant to 7-16-66.



1 0 9 5 1 8

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 Porter 9/23/03
Signature of Authorized Person Date

NANCY W. PORTER, MEMBER

Print or Type Name of Authorized Person

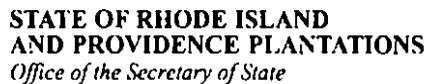
109518 DLLC 09/05/03 04:01:46 PM

File Date 9-25-03

Check No. 5225

By: [Signature]

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*

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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Contact Name JUSTIN S. HOLDEN		Contact Title ATTORNEY	
Street Address 170 WESTMINSTER STREET, SUITE 301		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 N/A		Manager Name	
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City	State	City	State
Zip		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 JUSTIN S. HOLDEN, ESQ.		Address 170 WESTMINSTER STREET, SUITE 301	
Address		City PROVIDENCE	Zip 02903

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



109518 DLLC8/28/022:24:54 PM

File Date 9-16-02

Check No. 5056

By: KMC

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.

and that all statements contained herein are true and correct.

Nancy Person 9/10/02
Signature of Authorized Person Date

NANCY W. PORTER, MEMBER
Print or Type Name of Authorized Person

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

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 Massachusetts 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 state: To acquire, develop, own, hold for investment and manage real property and any and all other lawful business for which limited liability companies may be organized under the General Laws of Rhode Island.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

N/A

Dated

9/23/01



1 0 9 5 1 8

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

By

Member

Nancy W. Porter

Manager

Title

9/23/01

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY
File Date: 9-26-01

Check No.: 557

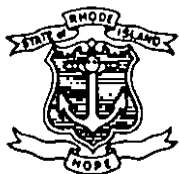
By: 2

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040, or from our web site at www.state.ri.us

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

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 limited liability company is:

1387 Massachusetts 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

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Suite 301

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To acquire, develop, own, hold for investment and manage real property and any and all other lawful business for which limited liability companies may be organized under the General Laws of Rhode Island.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>N/A</u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

Dated

October 12, 2000

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.



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Porter Realty Associates, LLC

Exact Name of Limited Liability Company

By

Nancy W. Porter
Member
Nancy W. Porter

Manager
Title

FOR SECRETARY OF STATE USE ONLY

File Date:

10/19
51

Check No.:

By:

2

Form No. 632
Revised 01/99