

DAVID J. TRACY

ONE FINANCIAL PLAZA, SUITE 1800

Address

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 Fee: \$50.00 Filing Period: September 1 - November 1 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2 Exact name of the limited liability company 1. ID No. 96719 Foundry Parcel Fifteen Associates, LLC 4. Brief description of the character of the business which is actually conducted in Rhoxle Island 3. State of Formation TO ACQUIRE, DEVELOP, MANAGE, IMPROVE, RENT, LEASE AND SELL REAL AND PERSONAL PROPERTY **RHODE ISLAND** State 5 Principal office address 02908 RI 235 Promenade Street Providence 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Thomas Guerra City State Street Address \$02908 Providence RI 235 Promenade Street 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name None Sirect Address Sireci Address State Zin City Manager Name Manager Name Street Address Strivet Address Ζſρ ZIр City City State 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address Agent Name

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

PROVIDENCE

|--|

File Date

Check No.

FEB 0 1 2006

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.

Zip

02903

Signature of Authorized Person

10/21/05

Thomas Guerra, Authorized Person

Print or Type Name of Authorized Person



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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

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 BIACK) 2. Exact name of the limited hability company 1. ID No Foundry Parcel Fifteen Associates, LLC 96719 4. Brief description of the character of the business which is actually conducted in Rhode Island 3 State of Formation TO ACQUIRE, DEVELOP, MANAGE, IMPROVE, RENT, LEASE AND SELL REAL AND PERSONAL PROPERTY **RHODE ISLAND** 5. Principal office address State 02908 RI Providence 235 Promenade Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Thomas Guerra Street Address 02908 RI Providence 235 Promenade Street 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manayer Name None Street Address Street Address *7.(p* City State Manager Name Manager Name Street Address Street Address City State Zip 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 Address Agent Name DAVID J. TRACY Zin Address **PROVIDENCE** 02903 ONE FINANCIAL PLAZA, SUITE 1800

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



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.

Contained herein are true and correct.

Antonic Juena 9/30/0/

Signature of Authorized Person

Date

Antonio Guerra, Managing General Partner of The Foundry Associates, L.P., its Member

Print or Type Name of Authorized Person

File Date 10-4-04

Check No. 10278

By: AME

FOR SECRETARY OF STATE USE ONLY



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

Corporations Du iscon 100 North Main Street Procidence, RI 62993-1335 101-222 3040

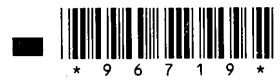
Matthew A. Brown, Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______2

2003

Filing Period: Septen (FORM MUST BE TYPFD)		• Filing Fee: \$50).00			
1 //2 No 96719	2 I vact name of the limited	tiability company Fifteen Associates, LLC	2			
3 State of Formation	4 Brief description	of the character of the bi	isiness which is actually conducted in Rho	de Island		
RHODE ISLAND	TO ACQUIRE,	DEVELOP, MANAGI	E, IMPROVE, RENT, LEASE AND S	ELL REAL AND PERSO	NAL PROPERTY	
> Principal office address 235 Promenade Street			Providence	RI	^{Zφ} 02908	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Greatest Name Antonio Guerra			D NAME OR TITLE OF CONTACT Contact Title	•		
Street Address 235 Promenad	e Street		Gre Providence	state RI	λιρ 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) 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			
MIGIT Adares		Street Address	Street Address			
City	State	7.1р	City	State	Z.p	
Starrenge Name			Manager Name	Manager Name		
Street Addiess			Street Address	Street Address		
City	State	Zψ	Cat:	State	Zip	
8. RESIDENT AGEN Agent Name DAVID J. TRACY	T IN RHODE ISLAND -	DO NOT ALTER - 0	Changes require filing of Form	642 - R.I.G.L. 7-16-11		
ONE FINANCIAL PLAZA, SUITE 1800		PROVIDENCE	2.pp 0	2903		

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



FOR SECRETARY OF STATE USE OF LY

 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.

Céntous Mussa 9/21/03

Antonio Guerra, Managing General Partner of The Foundry Associates, L.P., its Member

Print or Type Name of Authorized Person



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) 2. Exact name of the limited liabilty company Foundry Parcel Fifteen Associates, LLC 96719 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation TO ACQUIRE, DEVELOP, MANAGE, IMPROVE, RENT, LEASE AND SELL REAL AND PERSONAL PROPERTY **RHODE ISLAND** State Cin 5. Principal office address 02908 RI Providence 235 Promenade Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name Antonio Guerra Street Address 02908 RI Providence 235 Promenade Street 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 · Manager Name Manager Name None Sircei Address Street Address State City State Zip City Manager Name Manager Name ·Sireci Address Street Address Zip City State State City 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.C.L. 7-16-11 Agent Name Address DAVID J. TRACY Zip City Address 02903 **PROVIDENCE** ONE FINANCIAL PLAZA, SUITE 1800

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



Under penalty of perjury, I declare and affirm that I have examined

File Date OCT 16 2002 Check No.

FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Antonio Guerra, Managing General Partner of The Foundry Associates, L.P., its Member

Print or Type Name of Authorized Person



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

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LIMITED LIABILITY COMPANY

ID	Number DLLC 96719	Annual Report for the year 2001	
1.	The name of the limited liability company is:		
	Foundry Parcel Fifteen Associates, LLC		
2.	The address of the principal office of the lin	nited liability company is:	
	235 Promenade Street, Provide	nce, RI 02908	
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 agen	t is: DAVID J. TRACY, ESQ.	
	MCGOVERN NOEL & BENIK, INC. ONE B	ANKBOSTON PLAZA PROVIDENCE RI 02903	
5.	The current mailing address of the limited !	iability company and the name or title of a person to whom communications	
	may be directed are:Antonio_Guerr	a c/o The Foundry Associates	
	235 Promenade	Street, Providence, RI 02908	
6.	A brief statement of the character of the	business in which the limited liability company is actually engaged in this	
		ge, improve, rent, lease and sell real and personal	
7.	property. If the limited liability company has manager Name	rs, the name and address of each manager of the limited liability company Address	
	None		
	- Notice		
Di	ated August 29, 2001	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. Foundry Parcel Fifteen Associates, LLC	
		Exact Name of Limited Liability Company	
		The Foundry Associates, L.P., its Member	
File	FOR SECRETARY OF STATE USE ONLY e Date:	By Cintern Sucre	
	[5]		
Ch	cck No.: OCT 0 9 2001	Title Form No. 632	
Ву	3y (211719	Revised 01/99	

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 96719 Annual Report for the year 2000		
1.	The name of the limited liability company is:		
	Foundry Parcel Fifteen Associates, LLC		
2.	The address of the principal office of the limited liability company is:		
	235 Promenade Street, Providence, RI 02908		
3.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND		
4.	The state of the social and a graphics DAVID A TRACY ESQ.		
	MCGOVERN NOEL & BENIK, INC. ONE BANKBOSTON PLAZA 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: Antonio Guerra, c/o The Foundry Associates		
	235 Promenade Street, Providence, RI 02908		
6.	• • •		
	state: To acquire, develop, manage, improve, rent, lease and sell real and personal		
7.	property. If the limited liability company has managers, the name and address of each manager of the limited liability company Address Name		
	None		

Dated September 29, 2000



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The Foundry Ass
By Park
Antonio Guerra
Managing Gener
 -

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.

filt an ommittour courties and a second			
Foundry Parcel Fifteen Associates, LLC			
Exact Name of Limited Liability Company			
The Foundry Associates, L.P., its Member			
Antonio Guerra			
Managing General Partner			
Title			

Form No. 632 Revised 01/99 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	ID Number <u>LL 96719</u>	Annual Report for the year 1999	
1.	The name of the limited liability company is:		
	Foundry Parcei Fifteen Associates, LLC		
2.	The address of the principal office of the limited liabil	ity company is:	
	235 Promenade Street, Providence, RI 02908		
3.	 The state or other jurisdiction under the laws of which 	n it is formed is RHODE ISLAND	
4.	4. The name and address of its resident agent is: DAV	ID J. TRACY, ESQ.	
	MCGOVERN NOEL & BENIK, INC. ONE BANKBOS		
5.		mpany and the name or title of a person to whom communications	
	may be directed are:Antonio G	uerra, c/o The Foundry Associates	
		nade Strect, Providence, RI 02908	
6. A brief statement of the character of the business in which the limited liability company is actually engage state: To acquire, develop, manage, improve, rent, lease and sell real and personal property. 7. If the limited liability company has managers, the name and address of each manager of the limited liability converges. Name Address		ove, rent, lease and sell real and personal ame and address of each manager of the limited liability company	
	None		
D	Dated September 1, 1999 Under	penalty of perjury, I declare and affirm that I have examined this	
	that all	including any accompanying schedules and statements, and statements contained herein are true and correct. dry Parcel Fifteen Associates, LLC Exact Name of Limited Liability Company Foundry Associates, L.P., its Member	
Fil		Antonio Guerra	
Cl	Check No.: SEP 2 9 1099	Managing General Partner Title	
By	By: (7m) 964/	Form No. 632 Revised 01/99	

Filing ree: \$50.00



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

ΙD	Number LL 96719	Annual Report for the year 1998		
1.	The name of the limited liability compa	any is:		
	Foundry Parcel Fifteen Associates, LL	.C		
2.	The address of the principal office of t	he limited liability company is:		
	235 Promenade Street, Provi	dence, RI 02908		
3.	The state or other jurisdiction under the	ne laws of which it is formed is RHODE ISLAND		
4.	4. The name and address of its resident agent is: DAVID J. TRACY, ESQ.			
	MCGOVERN, NOEL & BENIK : One	BankBoston Plaza, Providence, RI 02903		
5.	The current mailing address of th	e limited liability company and the name or title of a person to whom		
	communications may be directed are:	Antonio Guerra, c/o The Foundry Associates		
	235 Prome	nade Street, Providence, RI 02908		
6.7.	state: To acquire, develop, m property.	the business in which the limited liability company is actually engaged in this anage, improve, rent, lease and sell real and personal anagers, the name and address of each manager of the limited liability company Address		
	None			
D	ated November 24, , 19 98	Under penalty of perjury, I declare and affirm that I have examined this		
<u> </u>		report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
	* 9 6 * 9 *	Foundry Parcel Fifteen Associates, LLC Exact Name of Limited Liability Company		
Fil	FOR SECRETAR OF STARR OSE ONLY C Date:	The Foundry Associates, L.P., its Member		
Сь	eck No.:	Antonio Guerra		
Ву	:	Managing General Partner Title		