



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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|--|-------|---|-------------------------|---------------|-----|
| 1. ID No. 124519 | | 2. Exact name of the limited liability company Zackso Properties, LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING, LEASING AND OPERATING REAL ESTATE. | | | |
| 5. Principal office address 2605 Division Road | | City E. Greenwich | State RI | Zip 02818 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Judy Johnson | | | Contact Title Member | | |
| Street Address 2605 Division Road | | City E. Greenwich | State RI | Zip 02818 | |
| 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 | 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 JEFFREY B. CIANCIOLO, ESQ. | | | Address | | |
| Address 55 DORRANCE STREET, 2ND FLOOR | | | City PROVIDENCE | Zip 02903- | |

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.

| | | |
|---------------------------------|---------|----------|
| File Date | 9/30/05 | *124519* |
| Check No. | 1034 | |
| By: | | |
| FOR SECRETARY OF STATE USE ONLY | | |

Signature of Authorized Person Date 9/28/05

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. 124519 | | 2. Exact name of the limited liability company Zackso Properties, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING, LEASING AND OPERATING REAL ESTATE. | |
| 5. Principal office address 2605 Division Road | | City E. Greenwich | State RI |
| | | Zip 02818 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name JUDY JOHNSON | | Contact Title | |
| Street Address 2605 Division Road | | City E. Greenwich | State RI |
| | | Zip 02818 | |
| 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 |
| 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 JEFFREY B. CIANCIOLO, ESQ. | | Address 42 WEYBOSSET STREET, 5TH FLOOR | |
| Address | | City PROVIDENCE | Zip 02903- |

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



1 2 4 5 1 9

124519 DLLC 09/15/04 02:37:30 PM

File Date 10/8/04

Check No. 1016

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.

Judy K Johnson 10/5/04
Signature of Authorized Person Date

Judy Johnson

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
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | |
|--|--------------|--|--------------|
| 1. ID No. 124519 | | 2. Exact name of the limited liability company Zackso Properties, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Owning, leasing and operating real estate | |
| 5. Principal office address 1130 Ten Rod Road, Unit E-303 | | City North Kingstown | State RI |
| | | Zip 02852 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Judy Johnson | | Contact Title Member | |
| Street Address 1130 Ten Rod Road, Unit E-303 | | City North Kingstown | State RI |
| | | Zip 02852 | |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE 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 |
| 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 JEFFREY B. CIANCIOLO, ESQ. | | Address ONE TURKS HEAD PLACE, SUITE 1200 | |
| Address DUFFY & SWEENEY, LTD | | City PROVIDENCE | Zip 02903 |

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



1 2 4 5 1 9

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.

Judy Johnson 10/16/03
Signature of Authorized Person Date

Judy Johnson, Member
Print or Type Name of Authorized Person

124519-DLLC 10/03/03 10:27:16 AM

File Date 10/29/03

Chck No 0091

By Q

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