

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 _____ 2005

illing Period: Septe FORM MUST BE TYPEI			•* Filing Fee: \$50.00					
1. ID No	2. Exact	name of the limited liability company						
96621	Agnes	Street, LLC						
3. State of Formation		4. Brief description	of the character of the business i	chich is actually conducted in Rhode Isla	nd	-		
RHODE ISLAND INVESTMENT OPPORTUNITIES.								
5. Principal office addre	℃/o Pl	lourde, Bog	ue & Moylan, LLP	City	State	Zip		
50 Exchange 1	[errace	e, Suite 32	0	Providence	RI	02903		
6. MAILING ADDR	ESS OF L	IMITED LIABII.	ITY COMPANY AND NAM	IE OR TITLE OF CONTACT PER	ISON:			
Contact Name Joseph P. Cuc	digan			Contact Title Operating Manager				
Sirce Address 35 Agnes Stre	eet			cuy East Providence	State	029 1 4		
		FILL IN SPA	CES BEFORE USING ATT	BILITY COMPANY, IF APPLICA ACHMENTS ("X" BOX FOR A TILING OF AMENDMENT, R.I.G	TTACHMENT,			
Manager Name Joseph P. Cuddigan				Manager Name				
Sircei Address 35 Agnes Stre	eet			Street Address				
City East Provider	nce	State RI	z _{ip} 02914	City	State	Zip		
Manager Name	••••••		•••••••••••••	Manager Name	• • • • • • • • • • • • • • • • • • • •	•••••	•••••	
Sirvet Address				Sirvet Address	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
City	<u> </u>	State	Zψ	Clty	State	Zip		
8. RESIDENT AGE Agent Name	NT IN RH	I ODE ISLAND -	I DO NOT ALTER - Chang	es require filing of Form 642 Address	- R.I.G.L. 7-1	6-11		
RICHARD A. BOGUE,	ESQ.							
Address				City	Zip			
50 EXCHANGE TERRACE, SUITE 320				PROVIDENCE 02903				

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

	96621 <u></u>
File Date	10/26/05
By:	
FOR SE	ECRETARY 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.

Signar re of Authorized Person

Joseph P. Cuddigan, Operating Manager



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

Matthew A. Brown, Secretary of State

Corporations Division 160 North Main Street Providence, Rt 02963-1335 401-222-3046

IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _____ 2004__

	NTED IN BLACK)		.	-	<u> </u>
1 ID No. 2 Tax	ct name of the limited	hability company			
	es Street, LLC				· · · ·
3. State of Formation	1 Proof description	of the character of the busine	ss which is actually conducted in Rhode Islan	141	
RHODE ISLAND	INVESTMENT	OPPORTUNITIES.		<u> </u>	
5 Principal office address 35 Agnes Street			East Providence	State RI	02914
6. MAILING ADDRESS OF	LIMITED LIABIL	ITY COMPANY AND N	AME OR TITLE OF CONTACT PER	SON:	
Gomeat Name Joseph P. Cuddig	gan		OperatingManager		
Street Address 35 Agnes Street	-	- - -	East Providence	State RI	^{Zip} 029 1 4
	FILL IN SPA DIFICATIONS TO	CES BEFORE USING A	ABILITY COMPANY, IF APPLICA TTACHMENTS ("X" BOX FOR A S FILING OF AMENDMENT, R.I.G. Manager Name	TTACHMENT)	☐ (2) / 7-16-52
Aireot Address 35 Agnes Street			Street Address		
	State	Ziti:	Gift	State	Zip
East Providence	RI	^{Ap} 02914		l	J. P
East Providence	RI	02914	Manager Name		
····	RI		Manager Name Street Zaldress		
Manager Name Street Address	State RI	02914 		State	Zφ
Manager Name Street Address City	State	Zap	Street zaldress		Zφ
Manager Name Street Address City 8. RESIDENT AGENT IN 1	State	Zap	Street Address City nges require filing of Form 642	 - R.I.G.L. 7-16	Zφ
Street Address City 8. RESIDENT AGENT IN 1 Agent Name	State	Zap	Street Address City nges require filing of Form 642 Address	 - R.I.G.L. 7-16	Zφ

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



Check No. 1811

By: 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.

Symanore of Authorized Person Date

Joseph P. Cuddigan, Operating Manager



Corporations Division 100 North Main Street Procidence, RI 62993-1335.

401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR.

2003 Filling Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED C	OR PRINTE	D IN BLACK)					
1 ID No. 2 Exact name of the limited liability company							
96621	Agnes Street, LLC						
3. State of Formation		F. Brief description of the	character of the bromess wh	r.h is actually conducted or Rhode Is	land		
RHODE ISLAND		INVESTMENT OPP	ORTUNITIES.				
3 Pengapat office address				City	State	Zqp	
35 Agnes Stre	eet ss of Liv	MITED LIABILITY (COMPANY AND NAME	East Providence or Title OF CONTACT PE	RI RI	02914	
Joseph P. Cuc	ddigan			Operating Manager			
Street Address				City	State	Zφ	
35 Agnes Stre	eet			East Providence	RI	02914	
		FILL IN SPACES	BEFORE USING ATTA	ILITY COMPANY, IF APPLIC CHMENTS ("X" BOX FOR . LING OF AMENDMENT, R.L.C.	ATTACHMENT)) []) (2) / 7-16-52	
Joseph P. Cuc	ddigan			Manager Name			
35 Agnes Str	eet			Street Address			
East Provide		Nate RI	²⁴⁾ 02914	Cuy	State	Zτρ	
Manager Name				Manager Name			
Stever Addiress				Mreet Address			
City		State	Zip	<i>Oly</i>	State	Zip	
8. RESIDENT AGENT Agent Name RICHARD A. BOGUE, E		DDE ISLAND - DO !	NOT ALTER - Changes	require filing of Form 64: Address PLOURDE, BOGUE, MCLAU		6-11	
50 EXCHANGE TERRACE, 3RD FLOOR				PROVIDENCE		Zip 02903	

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

	* 9 6 6 2 1	 *
	File Date . [0/27/0]	
	By	
l	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.

Joseph P. Cuddigan, Operating Manager



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: Sept	ember 1	- November I 🏓	Filing Fee: \$50.00			
FORM MUST BE TYP		INTED IN BLACK) name of the limited lia	Ada	<u> </u>	<u>. </u>	
7. TD No. 96621		Street, LLC	плиу сотрану			
3. State of Formation	rightee	•	the character of the busi	ness which is actually conducted in	Rhode Island	
RHODE ISLAND		INVESTMENT OPP	PORTUNITIES.			
5. Principal office add	ress			City	State	Zip
50 Exchange	Terrac	e, Suite 320		Providence	RI	02903
Contact Name	•		ILITY COMPANY	Contact Title		ERSON:
Joseph P. Cu	uddigar	l 		Operating Mana	State	17in
Street Address				City	1 '	Zip
35 Agnes Str	eet		· · · · · · · · · · · · · · · · · · ·	<u> East Providenc</u>		02903
7.NAME AND ADI		FILL IN SPACES	BEFORE USING AT	FILING OF AMENDMENT. R.I.	OR ATTACHMENT,	13
Manager Name Joseph P. Cl	uddigar	1		• Manager Name •		
Street Address 35 Agnes Str	<u>-</u>			* Street Address		
City East Provide	ence	State RI	Zip 02914	*Cin	State	Zip
Manager Name	• • • •	<i>.</i>		Manager Name	• • • • • • •	
Sirect Address				Street Address		
City		State	Zip	City	State	Zip
8. RESIDENT AGE	NT IN RI	HODE ISLAND -DO	NOT ALTER- Chan	ges require filing of For	m 642 - R.I.G.L	.7-16-11
RICHARD A. BOGUE	, ESQ.			PLOURDE, BOGUE, MCLAU	IGHLIN	
Address				City	-	Zip
Address	50 EXCHANGE TERRACE, 3RD FLOOR			PROVIDENCE		02903

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



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.

1

Signature of Authorized Person

Date*

Joseph P. Cuddigan, Operating Manager

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

ri**y** ∰ara s

LIMITED LIABILITY COMPANY

ID	Number DLLC 96621	Annual Report for the year 2007
1.	The name of the limited liability compa	ıny is:
	Agnes Street, LLC	
2.	The address of the principal office of the	he limited liability company is:
	35 Agnes Street, East Provi	dence, RI 02914
3.	The state or other jurisdiction under th	e laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident	agent is: RICHARD A. BOGUE, ESQ.
	PLOURDE, BOGUE, MCLAUGHLIN 5	00 EXCHANGE TERRACE, 3RD FLOOR PROVIDENCE RI 02903
5.	The current mailing address of the lim	ited liability company and the name or title of a person to whom communications
	may be directed are:Joseph_P.	Cuddigan, Operating Manager
	35 Agnes S	Street, Fast Providence, RI 02914
6.	A brief statement of the character of	f the business in which the limited liability company is actually engaged in this
	state: Investment Oppor	tunities
7.	If the limited liability company has man	nagers, the name and address of each manager of the limited liability company Address
	Joseph P. Cuddigan	35 Agnes Street, East Providence, RI 02914
	Operating Manager	
	<u>William J. Cuddigan</u>	same
Da	Vice-Operating Manager 2001 ated 10/23 9 6 6 2 1	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. Agnes Street, LLC Exact Name of Limited Liability Company
	FOR SECRETARY OF STATE USE ONLY Date: / / / / / / / / / / / / / / / / / / /	Operating Manager
Bv:		Title Form No. 632 Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Filing Fee: \$50.00

By:

To be filed annually between September 1 and November 1

Form No. 632 Revised 01/99



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

Number	DLLC 96621 Annual Report for the year 2000
The nam	e of the limited liability company is:
Agnes S	troet, LLC
	ress of the principal office of the limited liability company is: Agnes STreet, East Providence, RI 02914
The state	or other jurisdiction under the laws of which it is formed is RHODE ISLAND
The nam	e and address of its resident agent is: RICHARD A. BOGUE, ESQ.
Plourde	e, Bogue, McLaughlin&Moylan, LLP 50 Exchange Terrace, 3rd Floor, Providence, RI 029
The curr	ent mailing address of the limited liability company and the name or title of a person to whom communications
	directed are: Joseph P. Cuddigan, Operating Manager
Tridy Do	35 Agnes Street, East Providence, RI 02914
	Investment Opportunities ited liability company has managers, the name and address of each manager of the limited liability company **Address**
Jo	seph P. Cuddigan, Operating Manager 35 Agnes Street, East Prov., RI 02914
	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all is taken ments contained herein are true and correct. Agnes Street, LLC Exact Name of Limited Liability Company
FOR SECR	ETARY OF STATE USE ONLY By Culd
eck No.:	Operating Manager Tite

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

	LIM	ITEU LIABILITY COMPANY		
lD	Number LL 96621	Annual Report for the year 1999		
1.	The name of the limited liability company in Agnes Street, LLC	rs:		
2.	The address of the principal office of the li	imited liability company is:		
	35 Agnes Street, Fast Provide	nce, Rhode Island		
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 age	ent is: RICHARD A. BOGUE, ESQ.		
	ONE CITIZENS PLAZA, SUITE 830 PRO	OVIDENCE, 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:Joseph_P. Cud	ldigan, Operating Manager		
	35 Agnes S	Street, East Providence, RI		
6.	A brief statement of the character of the	e business in which the limited liability company is actually engaged in this		
	state: <u>Investment Opportunities</u>			
7.	If the limited liability company has manage Name	ers, the name and address of each manager of the limited liability company Address		
	Joseph P. Cuddigan	35 Agnes Street, East Providence, Rhode Island		
	Operating Manager			
Da	* 9 6 6 2 1 *	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. Agnes Street, LLC Exact Name of Limited Liability Company		
File Che	FOR SECRETARY ON STATE	Operating Manager Title Form No. 632 Revised 01/99		



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 LL 96621	Annual Report for the year 1998	
1.	The name of the limited liability compa	any is:	
	Agnes Street, LLC		
2.	The address of the principal office of the	he limited liability company is:	
	35 Agnes Street, East Provi	dence, Rhode Island	
3.	The state or other jurisdiction under th	e laws of which it is formed is RHODE ISL'AND	
4.	. The name and address of its resident agent is: RICHARD A. BOGUE, ESQ.		
	ONE CITIZENS PLAZA, SUITE 830	PROVIDENCE, RI 02903	
5.		e limited liability company and the name or title of a person to whom	
٠.	-	Joseph P. Cuddigan, Operating Manager	
	communications may be unected are.		
		35 Agnes Street, East Providence, Rhode Island	
6.	A brief statement of the character of	the business in which the limited liability company is actually engaged in this	
	state: Investment Opportuniti	ies	
7.	If the limited liability company has man	nagers, the name and address of each manager of the limited liability company Address	
	Joseph P. Cuddigan	35 Agnes Street, East Providence, Rhode Island	
	Operating Manager		
		<u> </u>	
Da	ated <u>Action 23.</u> , 1998	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.	
		Agnes Street, LLC	
	* 9 6 6 2 1 * FOR SECRETARY OF STATE USE ONLY	Exact Name of Limited Liability Company	
File	Date: 10.30.98		
Ch	eck No.: 1086	By Jook I' work	
Ву	: MP	Operating Manager Title	