



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 134421		2. Exact name of the limited liability company KRA (RICH) ACQUISITION, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING COMPANY			
5. Principal office address 251 SMITH STREET		City PROVIDENCE	State RI	Zip 02908	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JAMES T. LYNCH			Contact Title		
Street Address 251 SMITH STREET		City PROVIDENCE	State RI	Zip 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) <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 DAN'S MANAGEMENT COMPANY, LLC			Manager Name		
Street Address 251 SMITH STREET			Street Address		
City PROVIDENCE	State RI	Zip 02908	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 LAWRENCE P. MCCARTHY, III ESQ.			Address		
Address 123 DYER STREET		City PROVIDENCE		Zip 02903-	

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



134421

File Date	10/28/05
Check No.	2964
By:	<i>[Signature]</i>
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.

Dan's Management Company, LLC, Manager
 By: *[Signature]* Date **9/20/05**
 Signature of Authorized Person
JAMES T. LYNCH, PRESIDENT
 Print or Type Name of Authorized Person



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

Mathew 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. 134421		2. Exact name of the limited liability company KRA (RICH) ACQUISITION, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island <i>Real Estate Holdings Company</i>	
5. Principal office address 251 SMITH STREET		City PROVIDENCE	State RI
		Zip 02908-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name James Lynch		Contact Title .	
Street Address 251 Smith Street		City Providence	State RI
		Zip 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) <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 Dan's Management Company, LLC		*Manager Name .	
Street Address 251 Smith Street		*Street Address .	
City Providence	State RI	Zip 02908	*City .
*Manager Name		*State	
Street Address		*Street Address	
City	State	Zip	*City
*Manager Name		*State	
Street Address		*Street Address	
City	State	Zip	*City
*Manager Name		*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 WAYNE M. KEZIRIAN, ESQ.		Address 128 DORRANCE STREET	
Address		City PROVIDENCE	Zip 02903-

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



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134421 DLLC 10/14/04 11:42:07 AM	
File Date	<u>12/15/04</u>
Check No.	<u>30573</u>
By:	<u>W.</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.

Dan's Management Company, LLC
By: [Signature] Date 11-16-04
Signature of Authorized Person
James T. Lynch, Manager
Printer Type Name of Authorized Person