



**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. 121821		2. Exact name of the limited liability company Feldco Providence 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 DEVELOPMENT			
5. Principal office address 38 NORTH COURT STREET		City PROVIDENCE	State RI	Zip 02903-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOHN B MURPHY		Contact Title			
Street Address 38 NORTH COURT STREET		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 not applicable		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 JOHN B. MURPHY		Address 38 NORTH COURT STREET			
Address		City PROVIDENCE	Zip 02903-		

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



1 2 1 8 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.

*John B. Murphy*      9.14.05  
Signature of Authorized Person      Date  
John B. Murphy  
Print or Type Name of Authorized Person

\*121821 DLLC 09/15/05 08:25:12 AM\*

File Date **FILED**

Check No. **SEP 16 2005**

By **John B. Murphy** 77244

FOR SECRETARY OF STATE USE ONLY





**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. 121821		2. Exact name of the limited liability company Feldco Providence 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 Development	
5. Principal office address 38 NORTH COURT STREET		City PROVIDENCE	State RI
		Zip 02903-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOHN B MURPHY		Contact Title	
Street Address 38 NORTH COURT STREET		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	
Street Address		Street Address	
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 JOHN B. MURPHY		Address 38 NORTH COURT STREET	
Address		City PROVIDENCE	Zip 02903-

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



1 2 1 8 2 1

\*121821 DLLC 09/11/03 09:13:54 AM\*

File Date 9-12-03

Check No. 19494 / M5753

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.

John B. Murphy 9-11-03  
Signature of Authorized Person Date

John B. Murphy  
Print or Type Name of Authorized Person



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

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)

1. ID No. *121821*		2. Exact name of the limited liability company Feldco Providence 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 Development	
5. Principal office address 38 NORTH COURT STREET		City PROVIDENCE	State RI
		Zip 02903-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name John B. Murphy		Contact Title Attorney	
Street Address 38 North Court Street		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	
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 JOHN B. MURPHY		Address 38 NORTH COURT STREET	
Address		City PROVIDENCE	Zip 02903-

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



\* 1 2 1 8 2 1 \*

\*\*121821\* 9/12/02 2:32:24 PM\*

City/Date: 11-19-02

Check No. 17301

3. JP

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.

John B. Murphy 10-9-02  
Signature of Authorized Person Date

JOHN B. MURPHY  
Print or Type Name of Authorized Person