

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 & Brown, Secretary of State

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) 2. Exact name of the limited liability company 1. ID No 121725 ARS Holdings, LLC 3. State of Formation 4 Brief description of the character of the business which is actually conducted in Rhode Island **REAL ESTATE HOLDING COMPANY** RHODE ISLAND 5 Principal office address 2180 Hendon Rol. Svite 11 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) $\Box$ 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 State Manager Name Manager Name Street Address Sirect Address City City Ζip State 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address SCOTT R. SCHMITT Address City 33 WINDSONG ROAD CUMBERLAND 02864-

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

File Date	FILED *121725*	
Check No.	OCT 3 1 2005	
By:	By (1/2) 1/157	
1	FOR SECRETARY OF STATE USE ONLY	

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Under penalty of perjury, I declare and affirm that including any accompanying schedules and statements	I have examined this report, ents, and that all statements,
contained herein are true mid correct.	
Mre & Klosett	× 8-31-05
Signature of Authorized Person Date	·
Print or Type Name of Authorized Person	<del>/</del>



STATE OF AMODE ISLAND AND PROVIDENCE PLANTATIONS
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Corporations Division 100 North Main Street Providence, Rt 02903-1335

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3. State of Formation	1. Brief description of	the chameter of the business	subject is actually conducted in Rhode Isl	and		
RHODE ISLAN	D REAL ESTATE	HOLDING COMPANY				
	Menden Rd J.	711	Comboland	State	02 82 '/	
6. MAILING ADD	RESS OF LIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT PE	RSON:		
Contact Name S Co	7 R. Schmitt		Conjuct Title			
2190 Menden Rd July 1			Combolund	State	02 864	
	FILL IN SPACE	ES BEFORE USING AT	ABILITY COMPANY, IF APPLIC TACHMENTS ("X" BOX FOR A FILING OF AMENDMENT, R.I.C	ATTACHMENT) [		
Sunager Name Schmitt			Manager Name France A Sch	$A = \{1, \dots, A\}$		
Sirvei Address Z/ 80	Monden Rd	SuR11	Sirver Address 21 80 Mynn	len RN S	~T7//	
Cuy Cunhy	lund siare RC	02884	Comberland	State 12.I	02 764	
Manager Name			Manager Name			
Street Address		• •	Street Address			
Cuy	State	Z(p	City	State	Zip	
8. RESIDENT AG	I ENT IN RHODE ISLAND - DO	I D NOT ALTER - Chan	ges require filing of Form 642	I - R.I.G.L. 7-16-	11	
SCOTT R. SCHMI	п					
Address			City	City Zip		
33 WINDSONG ROAD		CUMBERLAND 028		02864-		

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



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By: DA

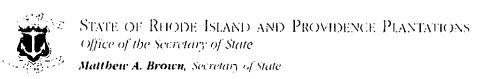
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person Date

Print or Type Name of Authorized Person

Form 632 Rev. 7/03



Corporations Division 100 North Main Street Providence, RI 92993-1335 401-222 3940

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_ 2003

Hing Period: Septe FORM MUST BE TYPEI	omber 1 - November 1 - • Filing Fee: 5 DOR PRINTED IN BLACK)			
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RHODE ISLAND	REAL ESTATE HOLDING COMPA	INY		
5. Principal office addre	200	Caly	State O	2.9
2180 W	enden Rd Suttl1	Cumberland	Kd	02864
5. MAILING ADDR	ESS OF LIMITED LIABILITY COMPANY AS	ND NAME OR TITLE OF CONTACT P	ERSON:	•
Contact Name 🕝 💍	2 ( )	ConjugaTule		
J(1)	T. K. Jehmitt	Pantnen		
SciTT R. Schmitt 2170 Menden 2d SciTe 11		Comberland	State RI	02764
	DRESS OF EACH MANAGER OF THE LIMIT	ED LIABILITY COMPANY, IF APPLI	CABLE	•
	FILL IN SPACES BEFORE USIN		RATTACHMENT) 🗌	
A.	NY MODIFICATIONS TO MANAGERS REQU	JIRES FILING OF AMENDMENT, R.I.	.G.L. 7-16-12 (a) (2)	/ 7-16-52
'leataige Varra	2 0	Michael Name		
$J\omega\pi$	K Jehmitt			
street Addiess Z1 D 11	Menden Rd Sutell	Street Address		
Combyland RI 02724		City:	State	Ζιρ
Nanager Name Frank 1	A Schmitt	Manager Name		
2180 i	Mendon Rd SuTIII	Sirect Address		<del></del>
Cumberland Make RI 200 02 724		Cus	State	. Zip
3. RESIDENT AGEN 19cmt Name	NT IN RHODE ISLAND - DO NOT ALTER -	Changes require filing of Form 64	i2 - R.I.G.L. 7-16-11	
SCOTT R. SCHMITT				
Address		Gr <sub>1</sub>	<i>71</i> p	
33 WINDSONG ROAD	1	CUMBERLAND	028	r. 4

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

	* 1 2 1 7 2 5 *
File Date	9.4.03
Check No	3232
Ry:	<u>@i</u>
FO	R 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.

Signature of Amborized Person Date

Scall & Schmitt

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 <u>2002</u>

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liabilty company 121725 ARS Holdings, LLC 3. State of Formation 4 Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Hulding Company **RHODE ISLAND** 5. Principal office address 2170 Mendon Rd. Suite 11 Combelland 10863 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Just Street Address Mendon Rd Suitell 07829 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 Hanager Name \*Manager Name \* Street Address State Manager Name Manager Name Street Address ·Sireei Address State City Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 igent Name Address SCOTT R. SCHMITT Address City Zip 33 WINDSONG ROAD **CUMBERLAND** 02864-

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

File Date	9-30.02		
Check No.	2823	_	
Ву:	de		
FOR SECRETARY OF STATE USE ONLY			

	7/21/12
Signature of Authorized Person	Date
Scott R. Schnift	
Print or Type Name of Authorized Person	