

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 ______ 2005

1.10 No. 2 Exact name of the limited liability company 141726 SAWTOOTH ASSOCIATES, LLC 3. State of Formation 4 Early discription of the character of the business which is actually conducted in Rhode Island REAL ESTATE REAL ESTATE 4. Early discription of the character of the business which is actually conducted in Rhode Island REAL ESTATE REAL ESTATE 5. Principal office address City State 74p 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Manager Scot V. Hallberg State 74p 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 Manager Name Street Address 471 Main Street State 74p Wakefield RI 02879 State 74p Wakefield RI 02879 State 74p Manager Name Manager Name Street Address Street Address Giv	inng Perion. Sepie Form Must be typel			rung ree. \$50.00	•				
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Scot V. Hallberg Manager Any Main Street 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 Manager Name Scot V. Hallberg Sirvet Address 471 Main Street City Wakefield RI 0 2879 City State Zip Manager Name Street Address Sirvet Address Sirvet Address Sirvet Address Sirvet Address Sirvet Address Sirvet Address City State Zip Manager Name State Zip Manager Name Street Address Sirvet Address	5. Principal office addre	xx			City	State		Zip	
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7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES REFORE 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 Manager Name Manager Name	Street Address				City	State			
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Wakefield RI 02879 Manager Name Manager Name Alanuger Name Street Address Street Address Street Address State Ztp City State Ztp City State Ztp B. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filling of Form 642 - R.I.G.L. 7-16-11 Agent Name STEPHEN B. KENYON Address City Ztp Ztp	Manager Name Scot V. Ha Street Address	llber	ā	MANAGERS REQUIRE	Manager Name	l.G.L. 7-16-12 (a) (2) / 7-16	·-52	
Manager Name Street Address Street Address City State Zip City State Zip State Zip Resident Name Address Stephen B. Kenyon Address City Zip Zip Zip Zip Zip	City		State		City	State		Zip	
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

File Date	4033 GW Y OF STATE USE ONLY

Under penalty of periody I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are use and correct.

5: 11 1 15

Scot V. Hallberg

Print or Type Name of Authorized Person