



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. 98327		2. Exact name of the limited liability company Wilcox Partners, 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 HOLDINGS.	
5. Principal office address 42 Weybosset Street, Unit #2		City Providence	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Wilson G. Saville		Contact Title President	
Street Address 42 Weybosset Street, Unit #2		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 W. Lincoln Mossop, Jr.		Manager Name Wilson G. Saville	
Street Address 42 Weybosset Street, Unit #2		Street Address 42 Weybosset Street, Unit #2	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
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 JOSEPH G. KINDER, ESQ.		Address ARMSTRONG, GIBBONS	
Address 155 SOUTH MAIN 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.



File Date	10/22/05	98327*
Check No.	5358	
By:		
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  
10.3.05  
PRESIDENT  
Print or Type Name of Authorized Person



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Office of the Secretary of State  
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100 North Main Street  
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# 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. 98327		2. Exact name of the limited liability company Wilcox Partners, LLC			
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Manager Name W. Lincoln Mossop, Jr.		Manager Name Wilson G. Saville			
Street Address 42 Weybosset Street, Unit #2		Street Address 42 Weybosset Street, Unit #2			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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 JOSEPH G. KINDER, ESQ.			Address ARMSTRONG, GIBBONS		
Address 155 SOUTH MAIN 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.



\* 9 8 3 2 7 \*

File Date 9-29-04  
Check No. 5185  
By: 21

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.

Wilson G. Saville 9.13.04  
Signature of Authorized Person Date  
Wilson G. Saville  
Print or Type Name of Authorized Person



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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 2003**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 98327		2. Exact name of the limited liability company Wilcox Partners, LLC			
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Contact Name Wilson G. Saville		Contact Title President			
Street Address 42 Weybosset Street, Unit #2		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 W. Lincoln Mossop, Jr.		Manager Name Wilson G. Saville			
Street Address 42 Weybosset Street, Unit #2		Street Address 42 Weybosset Street, Unit #2			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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 JOSEPH G. KINDER, ESQ.			Address ARMSTRONG, GIBBONS		
Address 155 SOUTH MAIN STREET			City PROVIDENCE		Zip 02903

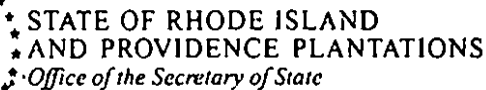
This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	9/25/03
Check No.	5057
By:	KML
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 9.9.03  
Wilson G. Saville  
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*

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

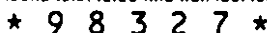
(FORM MUST BE TYPED OR PRINTED IN BLACK)

**FILED**

NOV 19 2002

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

By \_\_\_\_\_



File Date 11/19/78 WV 64 11 61 ADM  
Check No. 4264 AMERICAN SAVINGS BANK  
By: DMF RECEIVED  
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.

Wilson G. Saville 9.17.02  
Signature of Authorized Person Date

Wilson G. Saville  
Print or Type Name of Authorized Person

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

**LIMITED LIABILITY COMPANY**

ID Number DLLC 98327

Annual Report for the year 2001

1. The name of the limited liability company is:

Wilcox Partners, LLC

2. The address of the principal office of the limited liability company is:

42 Weybosset Street, Unit #2, Providence, RI 02903

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 agent is: JOSEPH G. KINDER, ESQ.

ARMSTRONG, GIBBONS 155 SOUTH MAIN STREET PROVIDENCE 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: 42 Weybosset Street, Unit #2, Providence, RI 02903

Wilson G. Saville, President

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate holdings

7. If the limited liability company has managers, the name and address of each manager of the limited liability company
- | Name        | Address |
|-------------|---------|
| <u>NONE</u> |         |
|             |         |
|             |         |

Dated 11-13-01



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.

WILCOX PARTNERS, LLC

Exact Name of Limited Liability Company

By Wilson G. Saville

Pres.

Title

FOR SECRETARY OF STATE USE ONLY

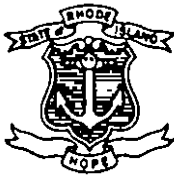
File Date: 11-19-01

Check No.: 4147

By: [Signature]

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



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Office of the Secretary of State  
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100 North Main Street Providence, Rhode Island 02903-1335  
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**LIMITED LIABILITY COMPANY**

ID Number DLLC 98327

Annual Report for the year 2000

1. The name of the limited liability company is:

Wilcox Partners, LLC

2. The address of the principal office of the limited liability company is:

42 Weybosset Street, Unit #2, Providence, RI 02903

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 agent is: JOSEPH G. KINDER, ESQ.

ARMSTRONG, GIBBONS 155 SOUTH MAIN STREET PROVIDENCE 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: 42 Weybosset Street, Unit #2, Providence, RI 02903

Wilson G. Saville, President

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate Holdings

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>NONE</u>	<u>00000000000000000000</u>

Dated 10-6-2000



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.

WILCOX PARTNERS, LLC

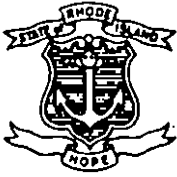
Exact Name of Limited Liability Company

By Wilson G. Saville  
President - Wilcox Partners  
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-10-00</u>
Check No.:	<u>2978</u>
By:	<u>AMF</u>

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



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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 98327

Annual Report for the year 1999

1. The name of the limited liability company is:

Wilcox Partners, LLC

2. The address of the principal office of the limited liability company is:

42 Weybosset Street, Unit #2, Providence, RI 02903

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 agent is: JOSEPH G. KINDER, ESQ.

ARMSTRONG, GIBBONS 155 SOUTH MAIN STREET PROVIDENCE, 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: 42 Weybosset Street, Unit #2, Providence, RI 02903

Wilson G. Saville, President

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate Holdings

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

NONE

Dated Oct. 28, 1999

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.



\* 9 8 3 2 7 \*

WILCOX PARTNERS, LLC

Exact Name of Limited Liability Company

By

Wm J. Sarcent  
President

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<b>PAID</b> <b>OCT 29 1999</b>
Check No.:	
By:	SEC'Y OF STATE

Form No. 632  
Revised 01/99