

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: Septen TORM MUST HE TYPED			Filing Fee: \$50.00						
1. ID No. 98327	2. Exact		ine of the limited liability company						
3. State of Formation RHODE ISLAND 4. Brief description of the character of the business we REAL ESTATE HOLDINGS.				ublich is actually conducted in Rhod	le Island				
5. Principal office address			·	City	State	Zip			
42 Weybosset	Stre	et. Unit #2		Providence	RI	02903			
			COMPANY AND NAM	SE OR TITLE OF CONTACT	PERSON:				
Contact Name				Contact Title					
Wilson G. Sa	ville			President					
Street Address		·		City	State	Zip			
42 Weybosset	Stre	et, Unit #2		Providence	RI	02903			
		FILL IN SPACES	BEFORE USING ATT	FILING OF AMENDMENT, R	DR ATTACHMENT) ∐ .1.G.L. 7-16-12 (a) (2) / 7-16-52			
W. Lincoln N	lossop	, Jr		Wilson G. Savil	<u>lle</u>				
Sirrei Address 42 Weybosset	Stre	et, Unit #2		Street Address 42 Weybosset Street, Unit #2					
City		State	Z.ip	City	State	Zip			
Providence		RI	02903	Providence	RI	02903			
Managar Name	••••••	 	•••••	Manager Name					
Street Address				Street Address					
City		State	Zip	City	State	Zip			
8. RESIDENT AGEN Agent Name	T IN RH	ODE ISLAND - DO	NOT ALTER - Chang	es require filing of Form	642 - R.I.G.L. 7-16-11				
JOSEPH G. KINDER,	ESQ.			ARMSTRONG, GIBBONS					
Address				Clty	Ζ.φ				
155 SOUTH MAIN STI	REET			PROVIDENCE	0.	2903			
	_	·	<u></u>						

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
Ву:	β^{r}
	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

Print or Type Name of Authorized Person



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 _____

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Filing Period: Septem	ber 1 - November 1 💍 •	Filing Fee: \$50.00							
(FORM MUST BE TYPED O	R PRINTED IN BLACK)				 _				
1. II) No. 98327	2 Exact name of the limited lie Wilcox Partners, LLC	me of the limited liability company artners, 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			City	State	ZIp				
42 Weybosset	Street, Unit #2		Providence	RI	02903				
			ME OR TITLE OF CONTACT PE	ERSON:					
Contact Name			Contact Title						
Wilson G. Sa	ville		President _						
Street Address			City	State	Zip				
42 Weybosset	Street, Unit #2		Providence	RI	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) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52									
Manager Name			Manager Name						
W. Lincoln M	lossop. Jr.		Wilson G. Savi	ille					
Street Address			Street Address						
42 Weybosset	Street, Unit #2		42 Weybosset S	42 Weybosset Street, Unit #2					
City	State	Zip	City	State	Zip				
Providence	RI	02903	Providence	RI	02903				
Manager Name	•••••••		Manager Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
8. RESIDENT AGENT Agent Name JOSEPH G. KINDER, E		O NOT ALTER - Chang	res require filing of Form 642 - R.I.G.L. 7-16-11 Address ARMSTRONG, GIBBONS						
Address 155 SOUTH MAIN STR	EET		PROVIDENCE Zup 02903						

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



File Date	9-29-64
Ву:	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.

User & Saveer 9.13.04
Signature of Aupfrized Person Date

Print or Type Name of Authorized Person



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

2003

FRING PETROE SEPTED (FORM MUST BE TYPED	OR PRINTED IN BLACK)	- Flung Fee: \$50.00						
1, ID No. 98327	l .	name of the limited liability company Nilcox Partners, LLC						
3. State of Formation	4. Brief description	of the character of the business	which is actually conducted in Rhode	Island				
RHODE ISLAND	REAL ESTATE	HOLDINGS.						
5. Principal office address	<u> </u>		City	State	Zψ			
42 Weybosset	Street, Unit #2		Providence	RI	02903			
<u> </u>	•		ME OR TITLE OF CONTACT I	PERSON:	•			
Contact Name			Contact Title					
Wilson G. Sa	ville		President					
Street Address	<u></u> -		City	State	Zip			
42 Weybosset	Street, Unit #2	•	Providence	RI	02903			
AN Manager Name W. Lincoln M		MANAGERS REQUIRES	FILING OF AMENDMENT, R.I Manager Name Wilson G. Savi		1 / /-10-52			
Street Address	Street, Unit #2	· · · · · · · · · · · · · · ·	Sircer Address 42 Weybosset S		 			
City	State	Zip	City	State	Zip			
Providence	RI	02903	Providence	RI	02903			
Manager Name			Munager Name					
Street Address			Street Address					
Сну	State	Zip	City	State	Zip			
8. RESIDENT AGEN Agent Name JOSEPH G. KINDER, E		I DO NOT ALTER - Chan	ges require filing of Form 6 Addres ARMSTRONG, GIBBONS	 42 - R.I.G.L. 7-16-11	l			
Address 155 SOUTH MAIN STREET			City PROVIDENCE	<i>Z.ip</i> 02	2903			

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	9/25/03	
By:	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.
<u>_</u>

Signature of Australized Person

Wilson G. Saville Print or Type Name of Authorized Person



Edward S. Inman, 111, 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			

1. ID No.	2. Exact	t name of the limite	D OR PRINTED IN BLACK) 2. Exact name of the limited liability company						
98327	Wilcox	Partners, LLC							
3. State of Formation 4. Brief description of the character of the bus			siness which is actually conducted in	Rhode Island					
RHODE ISLAND REAL ESTATE HOLDINGS.									
5. Principal office address				City	State	Zip			
42 Weyboss	set Stree	t, Unit #2		Providence	RI	02903			
6. MAILING	ADDRESS C	F LIMITED LI	ABILITY COMPAN	Y AND NAME OR TITLE O	F CONTACT PE	RSON:			
Contact Name				Contact Title					
Wilson G.	Saville			• President					
Street Address				City	State	Zip			
42 Weyboss	set Stree	t, Unit #2		· Providence	RI	02903			
NAME AND	ADDRESS (OF EACH MAN	AGER OF THE LIMI	TED LIABILITY COMPAN	Y, IF APPLICAB	LE			
				TTACHMENTS - ("X" BOX F		·			
	ANY M	ODIFICATIONS TO	MANAGERS REQUIRE	S FILING OF AMENDMENT. R.I	.G.L 7-16-12 (a) (2)	/ 7-16-52			
lanager Name				•Manager Name					
W. Lincol	n Mossop,	Jr.		· Wilson G. Saville · Street Address					
Street Address	-								
42 Weybosset Street, Unit #2				 42 Weybosset 	Stroot Unit	- #7			
42 Weybos	set Stree	et, Unit #2			Street, our				
	set Stree	State	Zip	*City	State	Zip			
City Providence		,	Zip 02903	*City Providence					
City		State		*City	State	Zip			
City Providence Manager Name		State		*City Providence	State	Zip			
City Providence Manager Name Street Address		State RI	02903	City Providence Manager Name Street Address	State	Q2903			
City Providence Manager Name Street Address		State		City Providence Manager Name	State	Zip			
City Providence Manager Name Street Address City	·	State RI State	02903 Zip	City Providence Manager Name Street Address City	State RI State	Zip Zip			
City Providence Manager Name Street Address City 8. RESIDENT	·	State RI State	02903 Zip	City Providence Manager Name Street Address	State RI State	Zip Zip			
City Providence Manager Name Street Address City B. RESIDENT	AGENT IN R	State RI State	02903 Zip	City Providence Manager Name Street Address City nges require filing of For	State RI State	Zip Zip			
City Providence Manager Name Street Address City B. RESIDENT Igent Name JOSEPH G. KIN	AGENT IN R	State RI State	02903 Zip	City Providence Manager Name Street Address City nges require filing of For Address ARMSTRONG, GIBBONS	State RI State	Zip Zip Zip			
City Providence Manager Name Street Address City 8. RESIDENT	AGENT IN R	State RI State	02903 Zip	City Providence Manager Name Street Address City nges require filing of For	State RI State	Zip Zip			

NOV 1 9 2002

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

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

Hun Assurements 9.17.0

Under penalty of perjury, I declare and affirm that I have examined

Signature of Authorized Person

Date

| U| | Son G. Saville
Print or Type Name of Authorized Person

File Date 11/9/28 HY 6h 11 61 ADN

Check No. 4244 AIR S. JOSA 1970

By: DMF 03AIRC 36

FOR SECRETARY OF STATE USE ONLY

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 983:

ID	Number DLLC 98327	Annual Report for the year 2001					
1.	The name of the limited liability compa	any 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 SOUT	H MAIN STREET PROVIDENCE RI 02903					
5.	The current mailing address of the lim	nited liability company and the name or title of a person to whom communications					
	may be directed are: 42 Weybos	set Street, Unit #2, Providence, RI 02903					
	Wilson G. Saville, Preside	nt ·					
6.	A brief statement of the character of	of the business in which the limited liability company is actually engaged in this					
	state: Real estate h	oldings					
7.	If the limited liability company has ma	nagers, the name and address of each manager of the limited liability company Address					
	NONE						
Da	ited <u>//-13-01</u>	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and					
	9 8 3 2 7	that all statements contained herein are true and correct. WILCOX PARTNERS, LLC Exact Name of Limited Liability Company					
	FOR SECRETARY OF STATE USE ONLY Date: //- / / /	By Ulen Saucena Pres.					
Che By:	eck No.: 4/47	Title Form No. 632 Revised 01/99					

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

Revised 01/99



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 2000	
1. The name of the limited liability company is:			
	Wilcox Partners, LLC		
2.	The address of the principal office of	f 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 resider	nt agent is: JOSEPH G. KINDER, ESQ.	
	ARMSTRONG, GIBBONS 155 SOU	ITH MAIN STREET PROVIDENCE RI 02903	
5.	The current mailing address of the li	imited liability company and the name or title of a person to whom communications	
	may be directed are: 42 Weybos	sset Street, Unit #2, Providence, RI 02903	
	Wilson G. Saville, Preside	ent	
6.	A brief statement of the character state: Real Estate Hol	of the business in which the limited liability company is actually engaged in this	
7 .c	if the limited liability company has m	nanagers, the name and address of each manager of the limited liability company Address	
	NONE	AMIN'S ARTON OF THE	
Da	ted	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	
	FOR SECRETARY OF STATE USE ONLY] By Man 1. Sauthern	
File Date: 10-10-06 Check No.: 8978		Project - Wilson Ptum.	
		Title Form No. 632	

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 <u>l</u>	_L 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			
 6. 	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 A brief statement of the character of the business in which the limited liability company is actually engaged in this			
	state:		, , , , , , , , , , , , , , , , , , , ,	
7.	If the limite	ed liability company has ma Name	nagers, the name and address of each manager of the limited liability company. Address	
		NONE	· · · · · · · · · · · · · · · · · · ·	
Da	ted <u>Os</u>	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. WILCOX PARTNERS, LLC Exact Name of Limited Liability Company	
ile	Date: ck No.:	OCT 2 9 1999 3	By Wen 1 Sancean President Title Form No. 632 Revised 01/99	