

FOR SECRETARY OF STATE USE ONLY

Filing Period: September 2 - November 1 • Filing Fee: \$50.00

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

(FORM MUST BE TYPED OR PRINTED IN BLACK) I ID No 2. Exact name of the limited liabilty company 126429 SLR Associates, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE DEVELOPMENT **RHODE ISLAND** 5. Principal office address State 1590 MINERAL SPRING AVENUE NORTH PROVIDENCE RI 02904-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title DONALD E SHORE .MEMBER City Street Address State Zip 1590 MINERAL SPRING AVENUE .NORTH PROVIDENCE RI 02904-7. 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 Street Address •Strees Address Ciry Zip State Zip State ·Citv Manager Name Manager Name Street Address ·Street Address Cin State 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 Address BRUCE A. WOLPERT, ESQ. 10 DORRANCE STREET Address City Zip **PROVIDENCE** 02903-This report must be signed in ink by an authorized person pursuant to 7-16-66. Under penalty of perjury, indeclare and affirm that I have examined this report, including any accompanying schedules and statements, and that all ed herein are true and correct. *126429 DLLC 09/13/05 03:35:23 PM* File Date Check No.

Donald E. Shore
Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

TED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

ruing Perioa: Septe (FORM MUST BE TYPI			ruing ree: \$50.00						
1. ID No 126429		Associates, LLC							
3 State of Formation	on 4. Brief description of the character of the busin			ness which is actually conducted in Rhode Island					
RHODE ISLAND REAL ESTATE DEVELOPMENT									
5. Principal office address				City	State		Zip		
1590 MINERAL SPRING AVENUE				NORTH PROVIDENC	CE RI		02904		
6. MAILING ADD	RESS O	F LIMITED LIA	BILITY COMPANY	AND NAME OR THEE	OF CONTACT I	ERSON	建筑是一个		
Contact Name				Contact Title					
DONALD E. SHO	RE			.MEMBER					
Street Address				City	State		Zip		
1590 MINERAL	SPRING	AVENUE		.NORTH PROVIDEN	CE RI		02904		
7. NAME AND AD	٠. ٤	FILL IN SPAC	ES BEFORE USING AT	ITED LIABILITY COM TACHMENTS ("X" BOX F SFILING OF AMENDMENT.	OR ATTACHMENT				
Manager Name				• Manager Name					
N/A				N/A					
Street Address				Street Address					
				•					
City	-	State	Zîp	City	State		Zip		
Manager Name		,		Manager Name		• • • • •	4		
N/A				N/A					
Street Address	·			Street Address					
City		State	Zıp	City	State		Zip		
	NT IN RI	IODE ISLAND	OO NOT ALTER- Chan	ges require filing of F	orm 642 - R.I.G	7-16-11 💥			
Agent Nume				Address					
BRUCE A. WOLPERT, ESQ.				10 DORRANCE STREET, SUITE 530					
Address				City		Zip			
WOLPERT & GERSTENBLATT, INC.				PROVIDENCE	PROVIDENCE 02903				
	SIBNOL					102303			

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



126429 D	LLC 08/3	1/04 04	:18:11	PM
File Date		•	-	
Check No	: :) <u>* 14</u>	200-	[
Ву	. ,	· i	(JO)	10
FOR SECRET	ARY OF ST	ATE USE	ONLY	oranie.

Under penalty of perjury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements,
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.

DONALD E. SHORE



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

1 10 % 126429	,	t name of the limited liabilty company Associates, LLC					
3 State of Formatio	n	4. Brief descrip	tion of the character of th	e business which is actually conducted in Rh	ode Island	····	
Rhode Island Real Estate Development							
5. Principal office address				City	State	Zip	
1590 Mineral Spring Avenue				North Providence	RI	02904	
6. MAILING A. Contact Name Donald E. S	,	F LIMITED	LIABILITY COMP	ANY AND NAME OR TITLE OF C *Contact Title . Member	CONTACT PER	RSON:	
Street Address				City	State	Zip	
L590 Minera	l Spring	Avenue		North Providence	RI	02904	
lanager Name N/A	ANY MO	DIFICATIONS	TO MANAGERS REQ	UIRES FILING OF AMENDMENT. R.I.G.(• Manager Name • .	L 7-16-12 (a) (2) /	7-16-52	
Street Address	•			• Street Address			
City		State	Zip	*City	State	Zıp	
		J		*Manager Name	. l		
Manager Name				<u>`</u>			
				•Sireei Address •			
Street Address		State	Zip	*Sireei Address *City	State	Zip	
Sireet Address City 8. RESIDENT A	GENT IN RI						
Street Address City 8. RESIDENT Adgent Name	-•			city hanges require filing of Form	642 - R.I.G.L. 7	-16-11	
Manager Name Street Address City 8. RESIDENT At agent Name Bruce A. Wolf	-•			hanges require filing of Form	642 - R.I.G.L. 7	-16-11	

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

数數	1 2 6 4 2 9			
File Date	9-15-03			
Check No.	1141			
Ву	C			

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and	d affirm that I have examined
this report, including any accompanying	
and that all statements contained herei	in are true and correct.
,)()() (/ /s	~ 1.1
- 12 XI / / / (9/11/2003
V ~ / C ~ / / ~ ~	1/11/2003
Signature of Authorized Person	Date '

Donald E. Shore Print or Type Name of Authorized Person