



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 116629		2. Exact name of the limited liability company GP Danvers Group, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DEVELOP, OWN AND MANAGE REAL PROPERTY	
5. Principal office address 7 JACKSON WALKWAY		City PROVIDENCE	State RI
		Zip 02903-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name GEORGE R WALMSLEY		Contact Title Controller	
Street Address 7 JACKSON WALKWAY		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 Gilbane Properties, Inc.		• Manager Name	
Street Address 7 Jackson Walkway		• Street Address	
City Providence	State RI	Zip 02903	• City
• State		• State	
• Zip		• Zip	
• Manager Name		• Manager Name	
• Street Address		• Street Address	
• City		• City	
• State		• 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 BRAD A. GORDON		Address 7 JACKSON WALKWAY	
Address		City PROVIDENCE	Zip 02903-

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



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116629 DLLC 09/08/05 08:04:47 AM

File Date 9/14/05

Check No. 109170

By: [Signature]

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] 9/8/05
Signature of Authorized Person Date

Matthew P. Lawrence
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
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Office of the Secretary of State

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

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. 116629		2. Exact name of the limited liability company GP Danvers Group, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DEVELOP, OWN AND MANAGE REAL PROPERTY			
5. Principal office address 7 JACKSON WALKWAY		City PROVIDENCE	State RI	Zip 02903-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name GEORGE R WALMSLEY			Contact Title		
Street Address 7 JACKSON WALKWAY		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 GILBANE PROPERTIES, INC.		Manager Name			
Street Address 7 JACKSON WALKWAY		Street Address			
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
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 JOHN W. DINICOLA		Address 7 JACKSON WALKWAY			
Address GILBANE BUILDING COMPANY		City PROVIDENCE		Zip 02903-	

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



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FILED

116629 DLLC 09/24/04 09:30:55 AM

File Date SEP 20 2004

Check No. By M46103

By: MSJ

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.

MSJ 9/24/04
Signature of Authorized Person Date

MATTHEW P. LAWRENCE

Print or Type Name of Authorized Person

RECEIVED STATE
SECRETARIUS DIV.
CORPORATIONS DIV.
SEP 29 11 22 AM '04



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. 116629		2. Exact name of the limited liability company GP Danvers Group, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DEVELOP, OWN AND MANAGE REAL PROPERTY			
5. Principal office address 7 JACKSON WALKWAY		City PROVIDENCE	State RI	Zip 02903-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name GEORGE R WALMSLEY			Contact Title		
Street Address 7 JACKSON WALKWAY		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 GILBANE PROPERTIES, INC.		Manager Name			
Street Address 7 JACKSON WALKWAY		Street Address			
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
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 JOHN W. DINICOLA		Address 7 JACKSON WALKWAY			
Address GILBANE BUILDING COMPANY		City PROVIDENCE		Zip 02903-	

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



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116629 DLIC 09/23/03 01:42:32 PM

File Date 9-15-03

Check No. 100010

By: [Signature]

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] 9/23/03
Signature of Authorized Person Date

MATTHEW P. LAWRENCE
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 116629		2. Exact name of the limited liability company GP Danvers Group, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Develop, own and manage real estate	
5. Principal office address 7 Jackson Walkway		City Providence	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name George R. Walmsley		Contact Title Accounting Manager	
Street Address 7 Jackson Walkway		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 Gilbane Properties, Inc.		• Manager Name	
Street Address 7 Jackson Walkway		• Street Address	
City Providence	State RI	Zip 02903	• City
• Manager Name		• State	
• Street Address		• Zip	
• City		• State	
• 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 JOHN W. DINICOLA		Address GILBANE BUILDING COMPANY	
Address 7 JACKSON WALKWAY		City PROVIDENCE	Zip 02903-

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



* 1 1 6 6 2 9 *

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.

Robert V. Gilbane

Signature of Authorized Person

Date

9-4-02

Robert V. Gilbane

Print or Type Name of Authorized Person

File Date	9.11.02
Check No.	100003
By:	<i>[Signature]</i>
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