

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) I. ID No. 2. Exact name of the limited liabilty company 109430 KLC, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT REAL ESTATE RHODE ISLAND 5. Principal office address Cin State RI NEWPORT 123 SWINBURNE ROAD, UNIT 123 02840 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name \*Contact Title LOIS TUBMAN City Sircei Address State RI 123 SWINEBURNE ROAD, UNIT 123 . NEWPORT 02840-7. 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 Lois Tubman Street Address Street Address 49 Benedict Street City State Zip State · Citv RI 02903 Providence Manager Name Manager Name Street Address ·Sircei Address City City State State 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 JOHN B. MURPHY 38 NORTH COURT STREET Address Cirv Zip **PROVIDENCE** 02903

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



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By:	By_02 17	248
FOR SEC	RETARY OF STATE USE OWNER	

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.

John B. Murphy

Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3049

# 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) J. ID No. 2 Exact name of the limited liabilty company 109430 KLC, LLC 3 State of Formation 4 Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT REAL ESTATE RHODE ISLAND 5. Principal office address City State RΙ 02840 123 SWINBURNE ROAD, UNIT 123 NEWPORT 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name Lois Tubman Cay Street Address State RI 02840-123 SWINEBURNE ROAD, UNIT 123 . NEWPORT 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 Kathleen Cabral Lois Tubman Street Address 49 Benedict Street Street Address 6 Becker Avenue Zιρ State Cin Providence RI :02903 Riverside RI ,D2915. . Manager Name Munager Name Street Address ·Street Address City City Zıp 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.I., 7-16-11 Address Agent Name 38 NORTH COURT STREET JOHN B. MURPHY City Zφ Address PROVIDENCE 02903

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



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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

Supply of Authorized Person Date

John B. Murphy
Trint 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

ETIVITED L Filing Period: Septe	IABIL) ember 1 - N	UIYCC Vovember 1	DIVIPAINY AINT  • Filing Fee: 850	NUAL REPORT F	OK THE YE	AR
FORM MUST BE TYP	ED OR PRIN	TED IN BLA	CK)			
1. ID No. 109430	2. Exact na		ited liabilty company			
3. State of Formation	4.	Brief descrip	tion of the character of the	business which is actually conducte	d in Rhode Island	
RHODE ISLAND	-		T REAL ESTATE	ŕ		
5. Principal office addr	ress			City	State	Zip
123 SWINBURNE	ROAD,	UNIT 123	<b>,</b>	NEWPORT	RI	02840
6. MAILING ADD Contact Name	RESS OF	LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE Contact Title	OF CONTACT PE	RSON:
Street Address				City	State	Zip
123 SWINEBURN	E ROAD,	UNIT 12	3	NEWPORT	RI	02840-
Manager Name Lois Tubman			12-1111	RES FILING OF AMENDMENT.  • Manager Name  Kathleen Cabra		, , , , , , ,
Street Address			<del></del>	*Street Address	-	
49 Benedict S	troot			.6 Becker Avenu	10	
City		ale .	Zip	*City	State	Zip
Providence		anc EI	02915	Riverside	RI	02903
Manager Name				Manager Name		
Street Address		_	<del></del>	·Street Address		<del></del> .
City	St	ate	Zip	City	State	Zip
9 DESIDENT ACE	NT IN DEC	THE ICY AN	D DO NOT ALTER CH	anges require filing of I	Form 642 - P.1.C.1	7.16.11
Agent Name	ivi iiv Kiic	DE ISEMI	D-DOROTALIEM-CI	Address	Om 042 - Ruch	
JOHN B. MURPH	ΗY			38 NORTH COUR	T STREET	
Address				City		Zip
				PROVIDENCE		02903

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



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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.

Signatury of Authorized Perfor

9.11.03

John B. Murphy

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

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00

I. ID No.	2. Exact name of the lin	nited liabilty compony			· · ·	
*109430*	KLC, LLC					
3. State of Formation	i 4. Brief descrip	tion of the character of the	business which is actually conducted	I in Rhode Island	•	
RHODE ISLAN	ID INVESTMEN	T RÉAL ESTATE				
5 Principal office at	ddress		City	State	Zip	
123 SWINBUR	NE ROAD, UNIT 12:	3	NEWPORT	RI	02840	
6. MAILING AE Contact Name	DDRESS OF LIMITED Lois Tubman	LIABILITY COMPA	NY AND NAME OR TITLE Contact Title	огсонтасті Manager	PERSON:	
Street Address		<del></del> _	City	State	Zip	
123 SWINEBUR	RNE ROAD, UNIT 12	3	NEWPORT	RI	02840-	
Manager Name		PACES BEFORE USING TO MANAGERS REQU	IRES FILING OF AMENDMENT.  • Manager Name	• • • • • • • • • • • • • • • • • • • •		
Lois Tubman Street Address			Street Address			
City	State	Zıp	City	State	Zip	
Providence Manager Name	JRI	02915	Riverside Manager Name	RI		
Street Address	- · · · -		·Sirect Address			
Cay	Sinte	Zip	Cuy	State	Zip	
R DESIDENTAC	 FNT IN RHODE ISLAN	D .DO NOT ALTER: CH	anges require filing of F	orm 642 - R.I.GI		
Agent Name			Address			
JOHN B. MURPHY			38 NORTH COURT	38 NORTH COURT STREET		
Address			City		Zip	
			PROVIDENCE		02903	

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

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Inder penalty of perjury, I declare and his report, including any accompanyir	
and that all statements contained herei	
My Succession ()	10.23.02
ignatury of Authorized Person	Date

Print or Type Name of Authorized Person



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

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### LIMITED LIABILITY COMPANY

ID	Number DLLC 109430	Annual Report for the year 2001
1.	The name of the limited liability company	y is:
	KLC, LLC	
2.	The address of the principal office of the	e limited liability company is:
	123 Swinburne Road, Unit 123	3, Newport, R.I. 02840
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 ag	gent is: JOHN B. MURPHY
	38 NORTH COURT STREET PROVIDI	ENCE RI 02903
5.	The current mailing address of the limite	ed liability company and the name or title of a person to whom communications
	may be directed are: Lois Tubman	123 Swinburne Road, Unit 123, Newport, R.I. 02840
	state: <u>Investment Rea</u>	the business in which the limited liability company is actually engaged in this  Lestate  gers, the name and address of each manager of the limited liability company  Address
	Lois Tubman	49 Benedict Street, Riverside, R.I. 02915
	Kathleen Cabral	6 Becker Avenue, Riverside, R.I. 02915
File	FOR SECRETARY OF LATE FORLY Date:  OCT 24 2001  By Co 15 26 3	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.  KLC, LLC  Exact Name of Limited Liability Company  By Murphy  Resident Agent Title
By		Form No. 632 Revised 01/99

**DETACH BOTTOM BEFORE RETURNING** 

Form No. 632 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

D Number	DLLC	109430
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By:

Annual Report for the year 2000

	<u> </u>				
1. The name of the limited liability company is:					
	KLC, LLC				
2.	The address of the principal office of the limited Hability company is:  123 Swinburne Road, Unit 123. Newport. RI 02840				
3.	The state or other jurisdiction under the !	aws of which it is formed is RHODE ISLAND			
4.	I. The name and address of its resident agent is: JOHN B. MURPHY				
	38 NORTH COURT STREET PROVIDE	NCE RI 02903			
5.	The current mailing address of the limite	d liability company and the name or title of a person to whom communications			
	may be directed are: Lois Tubman	123 Swinburne Road, Unit 123, Newport, RI 02840			
		·			
6. A brief statement of the character of the business in which the limited liability company is actually en state:  Investment Real Estate  7. If the limited liability company has managers, the name and address of each manager of the limited liability.					
	<i>Name</i> Lois Tubman	Address 49 Benedict Street. Riverside. RI 02915			
	Kathleen Cabral	6 Becker Avenue, Riverside, RI 02915			
Da	1 to 9 4 3 0	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.  KLC, LLC  Exact Name of Limited Liability Company			
	FOR SECRETARE THE STATE ASE ONLY	By Cola 13 Menogolis			
File	Date:	a circuit is sent			
Che	eck No.: OCT 2 7 2000 ,	Title			