



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. 109430		2. Exact name of the limited liability company KLC, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT REAL ESTATE			
5. Principal office address 123 SWINBURNE ROAD, UNIT 123		City NEWPORT	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name LOIS TUBMAN Contact Title					
Street Address 123 SWINEBURNE ROAD, UNIT 123		City NEWPORT	State RI	Zip 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) <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 Lois Tubman		Manager Name			
Street Address 49 Benedict Street		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 B. MURPHY		Address 38 NORTH COURT STREET			
Address		City PROVIDENCE		Zip 02903	

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



1 0 9 4 3 0

109430 DLLC 091505 08:27:15 AM

FILED

File Date SEP 16 2005

Check No. 77248

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] 9-14-05
Signature of Authorized Person Date
John B. Murphy
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 3049

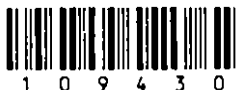
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No 109430		2 Exact name of the limited liability company KLC, LLC			
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT REAL ESTATE			
5 Principal office address 123 SWINBURNE ROAD, UNIT 123		City NEWPORT	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Lois Tubman Contact Title					
Street Address 123 SWINEBURNE ROAD, UNIT 123		City NEWPORT	State RI	Zip 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) <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 Lois Tubman		Manager Name Kathleen Cabral			
Street Address 49 Benedict Street		Street Address 6 Becker Avenue			
City Providence	State RI	Zip 02903	City Riverside	State RI	Zip 02915
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 B. MURPHY		Address 38 NORTH COURT STREET			
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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109430 DLLC 10/19/04 01:50:28 PM	
File Date	10/20/04
Check No	22100
By	DA
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 10/19/04
John B. Murphy
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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 109430		2. Exact name of the limited liability company KLC, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT REAL ESTATE	
5. Principal office address 123 SWINBURNE ROAD, UNIT 123		City NEWPORT	State RI Zip 02840
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name		Contact Title	
Street Address 123 SWINEBURNE ROAD, UNIT 123		City NEWPORT	State RI Zip 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) <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 Lois Tubman		Manager Name Kathleen Cabral	
Street Address 49 Benedict Street		Street Address 6 Becker Avenue	
City Providence	State RI	Zip 02915	City Riverside
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
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 B. MURPHY		Address 38 NORTH COURT STREET	
Address		City PROVIDENCE	Zip 02903

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



1 0 9 4 3 0

109430 DLLC 09/11/03 08:33:09 AM

File Date 9-12-03

Check No. 19444 / msn53

By: Kunc

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: John B. Murphy
Date: 9-11-03
Print or Type Name of Authorized Person: John B. Murphy



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *109430*		2. Exact name of the limited liability company KLC, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT REAL ESTATE			
5. Principal office address 123 SWINBURNE ROAD, UNIT 123		City NEWPORT	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Lois Tubman		Contact Title Manager			
Street Address 123 SWINEBURNE ROAD, UNIT 123		City NEWPORT	State RI	Zip 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) <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 Lois Tubman		Manager Name Kathleen Cabral			
Street Address 49 Benedict Street		Street Address 6 Becker Avenue			
City Providence	State RI	Zip 02915	City Riverside	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 JOHN B. MURPHY		Address 38 NORTH COURT STREET			
Address		City PROVIDENCE		Zip 02903	

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



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
10.23.02
Date

Print or Type Name of Authorized Person

109430 DLLC10/23/028:48:07 AM
File Date 17320
Check No. 11-19-02
By UP
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 109430

Annual Report for the year 2001

1. The name of the limited liability company is:

KLC, LLC

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

123 Swinburne Road, Unit 123, 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 agent is: JOHN B. MURPHY

38 NORTH COURT 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: Lois Tubman 123 Swinburne Road, Unit 123, Newport, R.I. 02840

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

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

Lois Tubman

49 Benedict Street, Riverside, R.I. 02915

Kathleen Cabral

6 Becker Avenue, Riverside, R.I. 02915

Dated October 23, 2001



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 SECRETARY OF STATE USE ONLY
File Date:

FILED
OCT 24 2001

Check No.:

By 0215263

By:

By

John B. Murphy

Resident Agent

Title

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

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 109430

Annual Report for the year 2000

1. The name of the limited liability company is:

KLC, LLC

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

123 Swinburne Road, Unit 123, Newport, RI 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 agent is: JOHN B. MURPHY

38 NORTH COURT 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: 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 engaged in this state: Investment Real Estate

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

Lois Tubman

49 Benedict Street, Riverside, RI 02915

Kathleen Cabral

6 Becker Avenue, Riverside, RI 02915

Dated October 20, 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.

KLC, LLC

Exact Name of Limited Liability Company

By John B. Murphy

Resident Agent
Title

FOR SECRETARY OF STATE USE ONLY
File Date: **FILED**
Check No.: **OCT 27 2000**
By: CC 13524

Form No. 632
Revised 01/99