



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. 116532		2. Exact name of the limited liability company 28-30 Truman, 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			
5. Principal office address 50 Exchange Terrace, Suite 320			City Providence	State RI	Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ANTHONY LOMBARDO			Contact Title		
Street Address 50-Exchange Terrace, Suite 320			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 None			Manager Name		
Street Address			Street Address		
City	State	Zip	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 F. MOORE MCLAUGHLIN, IV ESQ.			Address 32 CUSTOM HOUSE STREET, SUITE 500		
Address			City PROVIDENCE	Zip 02903-	

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



1 1 6 5 3 2

\*116532 DLLL 09/26/05 02:22:52 PM\*

File Date 11-09-05

Check No. 1020

By: ALP

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.

Anthony Lombardo  
Signature of Authorized Person Date

Anthony Lombardo  
Print of Type Name of Authorized Person



**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 <b>116532</b>		2 Exact name of the limited liability company <b>28-30 Truman, LLC</b>			
3 State of Formation <b>RHODE ISLAND</b>		4 Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE</b>			
5 Principal office address c/o Plourde, Bogue, McLaughlin & Moylan, LLP 50 Exchange Terrace, Suite 320		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Anthony Lombardo</b>			Contact Title <b>Member</b>		
Street Address <b>50 Exchange Terrace, Suite 320</b>		City <b>Providence,</b>	State <b>RI</b>	Zip <b>02903</b>	
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 <b>None</b>			Manager Name		
Street Address			Street Address		
City	State	Zip	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 <b>F. MOORE MCLAUGHLIN, IV ESQ.</b>			Address		
Address <b>50 EXCHANGE TERRACE, SUITE 320</b>			City <b>PROVIDENCE</b>	Zip <b>02903</b>	

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



\* 1 1 6 5 3 2 \*

File Date	<b>FILED</b>
Check No	<b>SEP 22 2004</b>
By	<i>[Signature]</i>
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.

*Anthony Lombardo* 9/17/04  
Signature of Authorized Person Date  
**Anthony Lombardo, Member**  
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)

Form with sections 1-8 containing company details: 1. ID No. 116532, 2. Exact name of the limited liability company 28-30 Truman, LLC, 4. Brief description of the character of the business which is actually conducted in Rhode Island real estate, 5. Principal office address 50 Exchange Terrace, Suite 320 Providence RI 02903, 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Anthony Lombardo, Contact Title Member, 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE, 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name F. MOORE MCLAUGHLIN, IV ESQ., Address 50 EXCHANGE TERRACE, SUITE 320 PROVIDENCE 02903

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



\* 1 1 6 5 3 2 \*

FILED stamp with fields: File Date, Check No. OCT 10 2003, By M8753, 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 Anthony Lombardo, Date

Anthony Lombardo, Member
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. 116532		2. Exact name of the limited liability company 28-30 Truman, 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			
5. Principal office address 50 Exchange Terrace, Suite 320			City Providence	State RI	Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Anthony Lombardo			Contact Title Member		
Street Address 50 Exchange Terrace, Suite 320			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 None			Manager Name		
Street Address			Street Address		
City	State	Zip	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 F. MOORE MCLAUGHLIN, IV ESQ.			Address		
Address 50 EXCHANGE TERRACE, SUITE 320			City PROVIDENCE	Zip 02903-	

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



\* 1 1 6 5 3 2 \*

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.

File Date 10-31-02  
Check No. 158  
By: WP  
FOR SECRETARY OF STATE USE ONLY

Anthony Lombardo 10/28/02  
Signature of Authorized Person Date  
Anthony Lombardo, Member  
Print or Type Name of Authorized Person