



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. 116133		2. Exact name of the limited liability company TWO DIAMOND ASSOCIATES LLC	
3. State of Formation MASSACHUSETTS		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE OWNERSHIP AND DEVELOPMENT	
5. Principal office address 600 Loring Avenue		City Salem	State MA Zip 01970
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Andrew B. Rose		Contact Title	
Street Address 600 Loring Avenue		City Salem	State MA Zip 01970
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 Andrew B. Rose		Manager Name Mark L. Klamen	
Street Address 600 Loring Avenue		Street Address 600 Loring Avenue	
City Salem	State MA	Zip 01970	City Salem State MA Zip 01970
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 Joseph Raheb, Esq.		Address	
Address 650 Washington Hwy.		City Lincoln	Zip 02865

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



1 1 6 1 3 3

File Date	9-29-05
Check No.	257
By:	AMF
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

09-14-05

Date

Andrew B. Rose

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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 116133		2. Exact name of the limited liability company TWO DIAMOND ASSOCIATES LLC	
3. State of Formation MASSACHUSETTS		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE OWNERSHIP AND DEVELOPMENT	
5. Principal office address 600 Loring Avenue		City Salem	State MA Zip 01970
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Andrew B. Rose		Contact Title	
Street Address 600 Loring Avenue		City Salem	State MA Zip 01970
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 Andrew B. Rose		*Manager Name Mark L. Klamen	
Street Address 600 Loring Avenue		*Street Address 600 Loring Avenue	
City Salem	State MA	Zip 01970	*City Salem *State MA *Zip 01970
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 Joseph Raheb, Esq.		Address	
Address 650 Washington Hwy.		City Lincoln	Zip 02865

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



1 1 6 1 3 3

File Date	9-30-04
Check No.	195
By:	AR
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.

X 9/17/04
Signature of Authorized Person / Date
ANDREW B. ROSE
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 02903-1331
401.222.3044

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 116133		2. Exact name of the limited liability company TWO DIAMOND ASSOCIATES LLC			
3. State of Formation MASSACHUSETTS		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Ownership and Development			
5. Principal office address 600 Loring Avenue		City Salem	State MA	Zip 01970	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Andrew B. Rose		Contact Title			
Street Address 600 Loring Avenue		City Salem	State MA	Zip 01970	
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 Andrew B. Rose		Manager Name Mark L. Klaman			
Street Address 600 Loring Avenue		Street Address 600 Loring Avenue			
City Salem	State MA	Zip 01970	City Salem	State MA	Zip 01970
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 JOSEPH RAHEB, ESQ.		Address			
Address 650 WASHINGTON HIGHWAY		City LINCOLN	Zip 02865		

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



* 1 1 6 1 3 3 *

FILED

File Date **OCT 14 2003**

Check No. **By [Signature]**

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 statement contained herein are true and correct.

X **[Signature]** 9/18/03
Signature of Authorized Person Date

ANDREW B ROSE
Print or Type Name of Authorized Person



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. 116133		2. Exact name of the limited liability company TWO DIAMOND ASSOCIATES LLC	
3. State of Formation MASSACHUSETTS		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE OWNERSHIP AND DEVELOPMENT	
5. Principal office address 600 Loring Avenue		City Salem	State MA Zip 01970
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Andrew B. Rose		Contact Title	
Street Address 600 Loring Avenue		City Salem	State MA Zip 01970
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS <input checked="" type="checkbox"/> TX 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 Andrew B. Rose		Manager Name Mark L. Klamen	
Street Address 600 Loring Avenue		Street Address 600 Loring Avenue	
City Salem	State MA	City Salem	State MA
Zip 01970		Zip 01970	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	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 JOSEPH RAHEB, ESQ.		Address	
Address 650 WASHINGTON HIGHWAY		City LINCOLN	Zip 02865

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



* 1 1 6 1 3 3 *

File Date	9-11-02
Check No.	9858
By:	AMF
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 9/14/02
Andrew B. Rose
Print or Type Name of Authorized Person

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 FLLC 116133

Annual Report for the year 2001

1. The name of the limited liability company is:

TWO DIAMOND ASSOCIATES LLC

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

600 Loring Avenue, Salem, MA 01970

3. The state or other jurisdiction under the laws of which it is formed is MASSACHUSETTS

4. The name and address of its resident agent is: JOSEPH RAHEB, ESQ.

650 WASHINGTON HIGHWAY LINCOLN RI 02865-

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: Andrew B. Rose, c/o Centercorp, 600 Loring Avenue,

Salem, MA 01970

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate ownership and development.

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

Name

Address

Andrew B. Rose

600 Loring Avenue, Salem, MA 01970

Mark L. Klamann

600 Loring Avenue, Salem, MA 01970

Dated May 10, 2002



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.

TWO DIAMOND ASSOCIATES LLC

Exact Name of Limited Liability Company

By

ANDREW B. ROSE, MANAGER

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 6-6-02

Check No.: 46

By: AMF

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