

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		•	ame of the limited liabilty company IAMOND ASSOCIATES LLC					
3. State of Formation		4. Brief descrip	tion of the character of the b	business which is actually condu	icted in Rhode Island			
MASSACHUSETT	TS	REAL ESTA	TE OWNERSHIP AND	DEVELOPMENT				
5. Principal office address				Ciry	State	Zip		
600 Loring Avenue			Salem	MA	01970			
	RESS O	F LIMITED	LIABILITY COMPAN	NY AND NAME OR TIT	LE OF CONTACT PE	RSON:		
Contact Name			Contact Title					
Andrew B. Rose	e			•				
Street Address				City	State	Zip		
600 Loring Ave	enue			.Salem	MA	01970		
7. NAME AND ADI		FILL IN S	PACES BEFORE USING	IMITED LIABILITY CO ATTACHMENTS ("X" BO RES FILING OF AMENDMEN	OX FOR ATTACHMENT)	]		
Manager Name				• Manager Name				
Andrew B. Rose	е			Mark L. Klaman				
Street Address	•			· Street Address	· Street Address			
600 Loring Ave	enue			.600 Loring A	venue			
City	·	State	Zip	*City	State	Zip		
Salem		MA	01970	Salem	MA	01970		
Manager Name		• • • • • •	• • • • • • • • • • • • • • • • • • • •	*Manager Name				
Street Address			·	*Sireei Address •				
City		State	Zip	City •	State	Zφ		
	YT IN RI	i IODÉ ISLAN	D -DO NOT ALTER- Ch	anges require filing o	f Form 642 - R.J.GL 7	-16-11		
Agent Name			Address					
Joseph Raheb, Es	sq.							
Address				City	City			
650 Washington Hwy.			Lincoln		02865			

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



File Date	9-29-05	
Check No	257	
Ву:	AMF	
FOR SECRI	ETARY OF STATE USE ONLY	

		,	Λ		
Under penalty of	perjury,	l declare and	affi	rm that I have exami	ined
this report, include	ling any	atcompanyin	g 🕏	hedules and stateme	nts,
and that all stated	pents cor	nained hyrcin	i atc	true and correct.	
	/	' // /			
( )		. N		00 14 05	

Signature of Authorized Person

Date

Andrew B. Rose
Print or Type Name of Authorized Person



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

## 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) 2. Exact name of the limited liabilty company I. ID No. 116133 TWO DIAMOND ASSOCIATES LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE OWNERSHIP AND DEVELOPMENT **MASSACHUSETTS** 5. Principal office address State City Zip 600 Loring Avenue Salem MA 01970 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title Andrew B. Rose Street Address City State Zip 600 Loring Avenue .Salem MA 01970 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("N" 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 Mark L. Klaman Andrew B. Rose Street Address · Sircei Address 600 Loring Avenue .600 Loring Avenue City State State Zip \*City 01970 01970 Salem MA Salem ΜA Manager Nume Manager Nume Street Address ·Sircei Address State City City State Zip 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Agent Name Address Joseph Raheb, Esq. Address City Zip 650 Washington Hwy. Lincoln 02865

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



File Date	9-30-04
Check No.	195
В <u>у:</u>	Oc
FOR SECRE	TARY OF STATE USE ONLY

Under penalty o	of perjury, I d	leclare 3	d affirm tha	it I hav	e exami	ned
this report inst	iding any ac	company	ing schedul	es and	stateme	nts,
and that all state	ments sons	inco heri	ein are true a	and co	rrect.	
/		/ [				

gnature of Authority's Person | Date |

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 Stre Providence, RI 02903-135 401,222,304

IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

	nber 1 - November 1 OR PRINTED IN BIACK)	• Filing Fee: \$50.0	0				
7. ID No 116133	2. Exact name of the limit	2. Exact name of the limited hability company TWO DIAMOND ASSOCIATES LLC					
3. State of Formation			ess which is actually conducted in	Rhode Island	· <del></del>		
MASSACHUSETTS	Real Es	tate Ownership a	nd Development				
5. Principal office addres	,	<del></del>	City	State	Zip		
600 Loring Avenue			Salem	MA	01970		
_		ILITY COMPANY AND A	NAME OR TITLE OF CONTA	CT PERSON:	'		
Contact Name			Contact Title				
Andrew B. Ro	se						
Street Address		·············	City	State	2ip		
600 Loring A	venue		Salem	MA	01970		
AN Manuger Name Andrew B. Ro	FILL IN SI Y MODIFICATIONS T	PACES BEFORE USING A	LIABILITY COMPANY, IF A NTTACHMENTS ("X" BOX IS FILING OF AMENDMENT  Manuger Name  Mark L. Klam	( FOR ATTACHMENT) (, R.I.G.I., 7-16-12 (a)			
Sirect Address 600 Loring A	venue		Street Address 600 Loring A	venue			
Clty	State	Zip	City	State	Zip		
Salem	MA	01970	Salem	MA MA	01970		
Manager Name			Manager Name				
Street Address		<del>-</del>	Street Address				
City	State	Zip	City	State	Zip		
B. RESIDENT AGEN Agent Name OSEPH RAHEB, ESQ.	T IN RHODE ISLAND	- DO NOT ALTER - Cha	inges require filing of For	l m 642 - R.I.G.L. 7-16	11		
Address 50 WASHINGTON HIGHWAY			City LINCOLN		7ip 02865-		

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

File Date	 <u> </u>	F	ILI	ED	)		

Check No. OCT 1 4 2003

By: By: FOR SECRETARY OF STATE USE ONLY

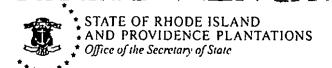
Under penalty of perjury, I declare and affi	irm that I have examined this repo
including any accompanying synodules and contained herein are true and contect.	statements, and that all statement
contained herein are title and compet.	1 1

 $\times / ///$ 

Date

ANDREW LANDE

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 LI Filing Period: Septe				UAL REPORT	FOR THE YEA	AR 2002
(FORM MUST BE TYPE			<b>8</b>			
1. ID No. 116133		me of the limited MOND ASSOCI			· ·	
3. State of Formation	4.	Brief description of	of the character of the bus	iness which is actually conduc	ted in Rhode Island	<del></del>
MASSACHUSETTS		REAL ESTAT	E OWNERSHIP A	ND DEVELOPMENT		
5. Principal office addre 600 Loring A				City Salem	State MA	2ip 01970
Contact Name Andrew B. Ro		LIMITED LIA	BILITY COMPANY	Contact Title	E OF CONTACT PEI	RSON:
Street Address				City	State	Zip
600 Loring A				·Salem	MA	01970
Manager Name Andrew B. Ro	ANY MODI	FILL INSPACE	S BEFORE USING A	TED LIABILITY COM TTACHMENTS TO X B S FILING OF AMENDMENT Manager Name Mark L. Klam	OX TOR ATTACHMENT. T. R.I.G.L 7-16-12 (a) (2) /	
Street Address 600 Loring A	venue			Street Address 600 Loring A	<del> </del>	
Ciny Salem	Ste	nie NA	<sup>Zip</sup> 01970	·Ciry · Salem	State MA	<sup>Zip</sup> 01970
Manager Name	• • • • •			Manager Name	• • • • • • • • • •	• • • • • • • • • • • • •
Street Address				Street Address		
City	Sic	ate	Zip	.City	State	Zip
8. RESIDENT AGEN	T IN RHO	DE ISLAND -D	O NOT ALTER- Chan	ges require filing of	Form 642 - R.I.G.L. 7-	
Agent Name JOSEPH RAHEB, ESQ	•		,	Address		
Address			City	Zip		
650 WASHINGTON HIG	HWAY			LINCOLN		02865-

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



	Q-11 10	
File Date	7-11-06	
Check No.	9858	
Вус	AMF	
FOR SECRETA	ARY 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.

Mulhorized Person

Andrew B. Rose

Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



ID Number FLLC 116133

FOR SECRETARY OF STATE USE ONLY

6-6-02

AMF

File Date:

By:

Check No.: 46

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

## · Silver

Form No. 632

Revised 01/99

## LIMITED LIABILITY COMPANY

Annual Report for the year 2001

4	The name of the limited lightlift, company is:	
1.	The name of the limited liability company is:  TWO DIAMOND ASSOCIATES LLC	
2.	The address of the principal office of the lim 600 Loring Avenue, Salem, MA 019	
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 F	RI 02865-
5.		ability company and the name or title of a person to whom communication c/o Centercorp, 600 Loring Avenue,
6.	A brief statement of the character of the bastate: Real estate ownership and	usiness in which the limited liability company is actually engaged in thi
7.	If the limited liability company has managers  Name	, the name and address of each manager of the limited liability company  Address
	Andrew B. Rose	600 Loring Avenue, Salem, MA 01970
	Mark L. Klaman	600 Loring Avenue, Salem, MA 01970
Da	tedMay 10, 2002	Under penalty of perjury, I declare and affirm that I have examined thi report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  TWO DIAMOND ASSOCIATES LLO  Exact Name of Limited Liability Company