



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. 81634		2. Exact name of the limited liability company AER LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL AND PERSONAL PROPERTY LEASING	
5. Principal office address 150 CHESTNUT STREET		City PROVIDENCE	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MANAGING MEMBER		Contact Title	
Street Address 150 CHESTNUT STREET		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	State	State	State
Manager Name	Manager Name	Manager Name	Manager Name
Street Address	Street Address	Street Address	Street Address
City	State	Zip	City
State	State	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 JAMES P. REDDING, ESQ.		Address 1500 FLEET CENTER	
Address		City PROVIDENCE	Zip 02903

05 JAN 24 PM 2:02

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



8 1 6 3 4

*81634 DLLC 10/17/05 11:06:36 AM*	
File Date	1/24/06
Check No.	191521
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

James P. Redding  
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. 81634		2. Exact name of the limited liability company AER LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL AND PERSONAL PROPERTY LEASING	
5. Principal office address 150 CHESTNUT STREET		City PROVIDENCE	State RI Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MANAGING MEMBER		Contact Title	
Street Address 150 CHESTNUT STREET		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
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 JAMES P. REDDING, ESQ.		Address 1500 FLEET CENTER	
Address		City PROVIDENCE	Zip 02903

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



8 1 6 3 4

\*81634 DLLC 09/28/04 02:48:30 PM\*

File Date 11/8/04

Check No. 164263

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 of Authorized Person

Date

James P. Redding

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. 81634		2. Exact name of the limited liability company AER LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL AND PERSONAL PROPERTY LEASING	
5. Principal office address 150 CHESTNUT STREET		City PROVIDENCE	State RI Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name PAUL ROIDOULIS		Contact Title .	
Street Address 150 CHESTNUT ST.		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 .
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 JAMES P. REDDING, ESQ.	
Address 1500 FLEET CENTER		City PROVIDENCE Zip 02903	

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



8 1 6 3 4

*81634 DLLC 10/09/03 12:01:30 PM*
FILED
File Date
Check No. DEC 19 2003
By m14526
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

James P. Redding

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. *81634*		2. Exact name of the limited liability company AER LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL AND PERSONAL PROPERTY LEASING	
5. Principal office address 150 CHESTNUT STREET		City PROVIDENCE	State RI Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MANAGING MEMBER		Contact Title .	
Street Address 150 CHESTNUT ST.		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 .		Manager Name .	
Street Address .		Street Address .	
City .	State .	Zip .	City .
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 JAMES P. REDDING, ESQ.		Address 1500 FLEET CENTER	
Address .		City PROVIDENCE	Zip 02903

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



\* 8 1 6 3 4 \*

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.

\*81634 DLLC10/11/02 12:56 PM\*

FILED

File Date  
NOV 07 2002

Check No.  
By CC 147134

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person

James P. Redding

Print or Type Name of Authorized Person

11/1/02  
Date

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 81634

Annual Report for the year 2001

1. The name of the limited liability company is:

AER LLC

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

150 Chestnut Street, Providence, RI 02903

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: JAMES P. REDDING, ESQ.

1500 FLEET CENTER 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: Managing Member

150 Chestnut Street, Providence, RI 02903

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

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

*Name*

*Address*

Dated 10-15-01



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.

AER LLC

*Exact Name of Limited Liability Company*

By

Resident Agent

*Title*

Form No. 632  
Revised 01/99

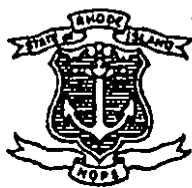
FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-22-01</u>
Check No.:	<u>138944</u>
By:	<u>[Signature]</u>

**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

**LIMITED LIABILITY COMPANY**

ID Number 81634

Annual Report for the year 2000

1. The name of the limited liability company is:

AER LLC

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

150 Chestnut Street, Providence, RI 02903

3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island

4. The name and address its resident agent is: James P. Redding, Esq.

Hinckley, Allen & Snyder, 1500 Fleet Center, 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: Managing member

150 Chestnut Street, Providence, RI 02903

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

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

Name	Address
_____	_____
_____	_____
_____	_____

Dated                     , 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.

**FILED**

DEC 18 2000

By [Signature] 132/40

Form No. LLC-19  
Revised 8/97

AER LLC

Exact Name of Limited Liability Company

By [Signature]

Resident Agent

Title

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

LIMITED LIABILITY COMPANY

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS  
DEC 3 11 24 AM '99

ID Number 0081634

Annual Report for the year 1999

1. The name of the limited liability company is: AER LLC
2. The address of the principal office of the limited liability company is:  
  
150 Chestnut Street  
Providence, RI 02903
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: Sandra Matrone Mack as Secretary HASLAW, LLC,  
1500 Fleet Center, 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: Managing Member, 150 Chestnut Street,  
Providence, RI 02903
6. A brief statement of the character of the business in which the limited liability company is actually  
engaged in this state: Real and personal property leasing
7. If the limited liability company has managers, the name and address of each manager of the limited  
liability company

*Name*

*Address*

Dated

11/12/99

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.

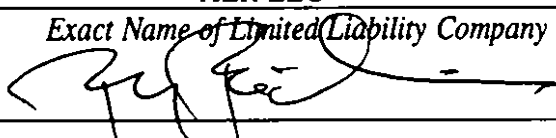
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DEC 09 1999  
SECY OF STATE  
2801

AER LLC

*Exact Name of Limited Liability Company*

By:



Authorized Member

Title

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

LIMITED LIABILITY COMPANY

ID Number 0081634

Annual Report for the year 1998

1. The name of the limited liability company is: AER LLC
2. The address of the principal office of the limited liability company is:  
  
150 Chestnut Street,  
Providence, RI 02903
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: James P. Redding, Esq., 170 Westminster Street,  
Suite 1000, 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: Managing Member, 150 Chestnut Street,  
Providence, RI 02903
6. A brief statement of the character of the business in which the limited liability company is actually  
engaged in this state: Real and personal property leasing
7. If the limited liability company has managers, the name and address of each manager of the limited  
liability company

Name

Address

Dated 10/8/98

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.

**FILED**

OCT 13 1998

By Cert 2278

AER LLC

Exact Name of Limited Liability Company

By: 

Authorized Member

Title



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

**LIMITED LIABILITY COMPANY**

ID Number 0081634

Annual Report for the year 1997

1. The name of the limited liability company is:

AER LLC

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

150 Chestnut Street, Providence, RI 02903

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: James P. Redding, Esq.

170 Westminster 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: Managing Member

150 Chestnut Street, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real and personal property leasing

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

*Name*

*Address*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date **FILED** 4, 19 97

**OCT 20 1997**

By 001238

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.

AER LLC

*Exact Name of Limited Liability Company*

By

[Signature]  
Authorized Member

[Signature]  
Title

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

Corporation Division

100 North Main Street

Providence, RI 02903-1335

**LIMITED LIABILITY COMPANY**

LLC I.D.# 81634

Annual Report for the year 1996

**FIRST:** The name of the limited liability company is: **AER LLC**

**SECOND:** The address of the principal office of the limited liability company is:

**150 Chestnut Street, Providence, RI 02903**

**THIRD:** The state or other jurisdiction under the laws of which it is formed is: **Rhode Island**

**FOURTH:** The name and address of its resident agent is:

**James P. Redding, Esq.**

**170 Westminster St., Suite 1000, Providence, RI 02903**

**FIFTH:** The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

**Managing Member**

**150 Chestnut Street, Providence, RI 02903**

**SIXTH:** A brief statement of the character of the business in which the corporation is actually engaged in this state:

**Real and personal property leasing.**

Dated **1/27**, 19 **97**

**AER LLC**

Exact Name of Limited Liability Company

File Date: **2/26/97**

Check No: **1034**

By: **[Signature]**

For Secretary of State Use Only

\*By

To be signed in the manner required by the home state.

Authorized Member

Title

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  
Corporation Division  
100 North Main Street  
Providence, RI 02903-1335

**LIMITED LIABILITY COMPANY**

LLC I.D. # 0081634

Annual Report for the year 1995

**FIRST:** The name of the limited liability company is:

AER LLC

**SECOND:** The address of the principal office of the limited liability company is:

150 Chestnut Street

Providence, RI 02903

**THIRD:** The state or other jurisdiction under the laws of which it is formed is:

RI

**FOURTH:** The name and address of its resident agent is:

James P. Redding

170 Westminster St., Providence, RI 02903

**FIFTH:** The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

Managing Member

150 Chestnut Street, Providence, RI 02903

**SIXTH:** A brief statement of the character of the business in which the corporation is actually engaged in this state:

Real and personal property leasing

Dated 10/27 1995

AER LLC

Exact Name of Limited Liability Company

**FILED**

OCT 30 1995

By [Signature] 10/11

\*By [Signature]

Title Authorized Member

\*To be signed in the manner required by the home state.