



2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 136634		2. Exact name of the limited liability company DAN'S MANAGEMENT COMPANY, 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 HOLDING COMPANY	
5. Principal office address 251 SMITH STREET		City PROVIDENCE	State RI
		Zip 02908	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JAMES T. LYNCH		Contact Title	
Street Address 251 SMITH STREET		City PROVIDENCE	State RI
		Zip 02908	
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 JAMES T. LYNCH		Manager Name	
Street Address 251 SMITH STREET		Street Address	
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE
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 LAWRENCE P. MCCARTHY, III ESQ.		Address	
Address 123 DYER STREET		City PROVIDENCE	Zip 02903-

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



136634

File Date	10/28/05
Check No.	2064
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.

Dan's Management Company, LLC

By: *[Signature]* Date: 9/20/05

Signature of Authorized Person

Date

JAMES T. LYNCH, PRESIDENT

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. 136634		2. Exact name of the limited liability company DAN'S MANAGEMENT COMPANY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island <i>Real Estate Holding Company</i>	
5. Principal office address <i>251 Smith Street</i>		City <i>Providence</i>	State <i>RI</i>
		Zip <i>02908</i>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name James Lynch		Contact Title .	
Street Address 251 Smith Street		City Providence	State RI
		Zip 02908	
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 James Lynch		.Manager Name .	
Street Address 251 Smith Street		.Street Address .	
City Providence	State RI	Zip 02908	.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 WAYNE M. KEZIRIAN, ESQ.		Address 128 DORRANCE STREET	
Address .		City PROVIDENCE	Zip 02903-

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



1 3 6 6 3 4

136634 DLLC 10/14/04 11:55:29 AM
File Date <i>12/15/04</i>
Check No. <i>1584</i>
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.

Dan's Management Company, LLC
By: *[Signature]* Date *11-16-04*
Signature of Authorized Person
James T. Lynch, Manager
Print or Type Name of Authorized Person