



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 02903-1333
401.222.304

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. 114435		2. Exact name of the limited liability company Main & Robinson, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL BUILDING RENTAL	
5. Principal office address 79 Columbia St.		City WAKEFIELD	State RI
		Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name WAYNE T. CAHOONE		Contact Title Member	
Street Address 79 Columbia St.		City WAKEFIELD	State RI
		Zip 02879	
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	City	State
Zip		Zip	
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 WAYNE T. CAHOONE		Address	
Address 79 COLUMBIA STREET		City WAKEFIELD	Zip 02879

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



File Date	9/7/05	*114435*
Check No.	1220	
By:	DA	
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
JANET F. CAHOONE
Date
9-4-06
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 02903-1333
401.222.3040

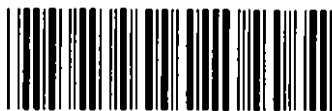
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Wayne T. Cahoon		Contact Title Member			
Street Address 79 Columbia St.		City Wakefield	State RI	Zip 02879	
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Manager Name		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 WAYNE T. CAHOONE			Address		
Address 79 COLUMBIA STREET			City WAKEFIELD	Zip 02879	

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



* 1 1 4 4 3 5 *

File Date	9/13/04
Check No.	1144
By:	DA
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.

Signature of Authorized Person: Janet F. Cahoon 9-10-04
Date: 9-10-04
Print or Type Name of Authorized Person: JANET F CAHOONE



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 02903-1330
401.222.3000

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. 114435		2. Exact name of the limited liability company Main & Robinson, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL BUILDING RENTAL			
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Contact Name Wayne T. Cahoon			Contact Title Member		
Street Address 79 Columbia St.		City WAKEFIELD		State RI	Zip 02879
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	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 WAYNE T. CAHOONE			Address		
Address 79 COLUMBIA STREET			City WAKEFIELD	Zip 02879	


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



* 1 1 4 4 3 5 *

File Date	9-4-03
Check No.	1050
By:	2
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 **9-2-03**
Wayne T. Cahoon
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
401.222.3046

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. 114435		2. Exact name of the limited liability company Main & Robinson, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL BUILDING RENTAL			
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Wayne T. Cahoon		Contact Title			
Street Address 79 Columbia St.		City Wakefield	State RI	Zip 02879	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" 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			
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 WAYNE T. CAHOON		Address			
Address 79 COLUMBIA STREET		City WAKEFIELD	Zip 02879		

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



* 1 1 4 4 3 5 *

File Date	9-5-02
Check No.	1174
By:	W
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
Wayne T. Cahoon
Date
9-1-02
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 DLIC 114435

Annual Report for the year 2001

1. The name of the limited liability company is:

Main & Robinson, LLC

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

79 Columbia Street Wakefield RI 02879

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: WAYNE T. CAHOONE

79 COLUMBIA STREET WAKEFIELD RI 02879-

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: Wayne T. Cahoon

79 Columbia Street Wakefield RI 02879

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

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

Name	Address
<u>Wayne T. Cahoon</u>	<u>79 Columbia St. Wakefield RI</u>
<u>Janet F. Cahoon</u>	<u>79 Columbia St. Wakefield RI</u>

Dated 8-30-01



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.

Main & Robinson, LLC
Exact Name of Limited Liability Company

By [Signature]
Member
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-10-01</u>
Check No.:	<u>1081</u>
By:	<u>[Signature]</u>

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