

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Divisio 100 North Main Stre-Providence, RI 02903-133

Matthew A. Brown, Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

401.222.304 2005

| Filing Period: Septen | | • Filing Fee: \$ | 50.00 | | | |
|---|--|------------------------|--|---|---------------------|--|
| (FORM MUST BE TYPED | OR PRINTED IN BIACK) 2 Exact name of the limite | d liabilia, company | | | | |
| 114435 | Main & Robinson, LL | | | | | |
| 3. State of Formation | | | business which is actually conducted i | n Rhode Island | | |
| RHODE ISLAND | COMMERCIA | AL BUILDING RENT. | AL | | | |
| 5 Principal office address 1 9 6. MAILING ADDRE | Lumbia SS OF LIMITED LIABI | S+, LITY COMPANY AR | OND NAME OR TITLE OF CONT | Field State RI | ^{z4} 02879 | |
| Contact Fame WAYNE | T. Cahe | one | Contact Title Memb | Contact Tile MEMbee | | |
| Forces Address | lumbia | 54, | city Wake | Efield RI | 02879 | |
| 7. NAME AND ADDI | | | | APPLICABLE | • | |
| AN' | | | | DX FOR ATTACHMENT) [] NT, R.I.G.L. 7-16-12 (a) (2) / | 7-16-52 | |
| Manager Name | | | Manager Name | · · | | |
| | | | | | | |
| Sircet Address | | | Sireei Address | Sinci Address | | |
| City | State | Zip | City | State | Ztp | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zíp | City | State | Zip | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name | | | : Changes require filing of Fe | <u> </u> | | |
| WAYNE T. CAHOONE | | | | | | |
| Address | | | City | 1 ' | | |
| 79 COLUMBIA STREET | | | WAKEFIELD | WAKEFIELD 02879- | | |
| | | } | | | | |
| | | | | | | |

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

| File Date 9765 '114435' | |
|---------------------------------|--|
| Check No. 1220 | |
| By: | |
| FOR SECRETARY OF STATE USE ONLY | |

Under penalty of perjury, I declare and affirm that I have examined this repo including any accompanying schedules and statements, and that all statement contained herein are true and correct.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations-Plutete 100 North Main Stre Providence, RI 02903-133 401.222.304

| IMITED LIABILITY COMP. | ANY ANNUAL REPORT FOR THE YEAR | 2004 |
|---|--------------------------------|----------|
| ling Period: September 1 - November 1 - • | Filing Fee: \$50.00 | <u> </u> |

| Filing Period: Septem (FORM MUST BE TYPED O | | • Filing Fee: \$50 | 0.00 | | | • | |
|---|--|--------------------|---|---|---------------|----|--|
| 1 ID No 114435 | ID No 2. Exact name of the limited liability company | | | | | | |
| 3 State of Formation RHODE ISLAND 4. Brief description of the character of the business wh COMMERCIAL BUILDING RENTAL | | | | in Rhode Island | | | |
| 5. Principal office orders 79 (OLUM) (St. 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME | | | WAKE G | old State RT | C 0287 | 9 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME CONTROL T. (alroon: | | | Contact Tule | • | | | |
| 79 COL | unbia | Pt. | "wake, | Field State R | I 2110287 | 19 | |
| | FULL IN SP | ACES BEFORE USING | D LIABILITY COMPANY, II G ATTACHMENTS <i>("X" B</i> RES FILING OF AMENDME | OX FOR ATTACHMENT | | | |
| Manager Name | | | Manager Name | : | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Ζір | City | State | Zip | | |
| Manager Name | | | Manager Name | Manager Name | | | |
| Sirect Address | | | Street Address | Street Address | | | |
| Cuy | State | Zip | City | State | Zip | | |
| Agent Name | IN RHODE ISLAND | - DO NOT ALTER - C | hanges require filing of F | require filing of Form 642 - R.L.G.L. 7-16-11 | | | |
| WAYNE T. CAHOONE | | | | · · · · · · · · · · · · · · · · · · · | | | |
| 79 COLUMBIA STREET | | | City WAKEFIELD | | 2ip 02879- | | |
| | | | | | | | |

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



| File Date | 9/13/04 | |
|-----------|--------------------------------|--|
| Check No | 1144 | |
| Ву: | DA | |
| H | OR SECRETARY OF STATE USE ONLY | |

Under penalty of perjury, I declare and affirm that I have examined this repoi including any accompanying schedules and statements, and that all statement contained herein are true and correct.

Bronot - 1 Calore

VIL 9-10-0

Print or Type Name of Authorized Person

of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Divisio 100 North Main Stre Providence, RI 02903-13; 401.222.30

2003 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 BIACK) I ID No 2. Exact name of the limited liability company 114435 Main & Robinson, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **COMMERCIAL BUILDING RENTAL RHODE ISLAND** 5. Principal office address ILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: State 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 State Zip Manager Name Manager Name Street Address Street Address Citr Z.ip 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 Address

WAYNE T. CAHOONE

79 COLUMBIA STREET

WAKEFIELD

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 | |
| | 4.0 | |

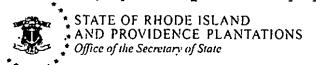
contained herein are true and correct.

of Authorized Person

Under penalty of perjury, I declare and affirm that I have examined this repo including any accompanying schedules and statements, and that all statemen

e Name of Authorized Person

FOR SECRETARY OF STATE USE ONLY



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) T. ID No. 2. Exact name of the limited liabilty company 114435 Main & Robinson, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation COMMERCIAL BUILDING RENTAL **RHODE ISLAND** 5. Principal office address 20874 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title 02179 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 7.ір Cin State Manager Name Manager Name Street Address ·Sireet Address State City Zip State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 igent Name Address **WAYNE T. CAHOONE**

Cin

WAKEFIELD

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



| File Date | 95-02 | |
|---------------------------------|-------|--|
| Check No. | 1174 | |
| B <u>y:</u> | de | |
| FOR SECRETARY OF STATE USE ONLY | | |

Address

79 COLUMBIA STREET

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.

Zip

02879-

Signature of Authorized Person

Date

Frint or Tyde Name of Authorized Person

Form 632 Rev. 6/0

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



2

By:

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

co Dieu s

Form No. 632

Revised 01/99

LIMITED LIABILITY COMPANY

| ID | Number DLLC 114435 | Annual Report for the year 2001 | | |
|------------|--|---|--|--|
| 1. | The name of the limited liability company is | 3: | | |
| | Main & Robinson, LLC | | | |
| 2. | The address of the principal office of the lines of the l | | | |
| 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. Cahoone The Columbia Street wakefield RI 02879 | | | |
| 6. | 5. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: | | | |
| 7. | 7. If the limited liability company has managers, the name and address of each manager of the limited liability company **Real Process**: Name**: Address**: Name**: | | | |
| ` | Wayne T. Cahoone Janet F. Lahoone | 79 Columbia St. Wakefield RI | | |
| Da | 1 1 4 4 3 5 | 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. Man b Robinson L L Exact Name of Limited Liability/Company | | |
| File | FOR SECRETARY OF STATE USE ONLY Date: 9-10-01 | By Member Title | | |