



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. 119635		2. Exact name of the limited liability company EAGLE PROPERTIES, 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			
5. Principal office address 2030 Nooseneck Hill Road			City Coventry	State RI	Zip 02816
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Michael R. Durand			Contact Title		
Street Address 2030 Nooseneck Hill Road			City Coventry	State RI	Zip 02816
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 JOHN S. BRUNERO, JR.			Address		
Address 1070 MAIN STREET			City COVENTRY	Zip 02816-	

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



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 DATE <u>11/30/05</u>	ID NO. <u>119635</u>
CHECK NO. <u>563</u>	
BY: <u>[Signature]</u>	
FOR SECRETARY OF STATE USE ONLY	

[Signature] 11-19-05  
Signature of Authorized Person Date  
Michael R. Durand  
Print or Type Name of Authorized Person



**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 <b>119635</b>		2. Exact name of the limited liability company <b>EAGLE PROPERTIES, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE</b>			
5. Principal office address <b>6 Jefferson Drive</b>			City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Michael R. Durand</b>			Contact Title		
Street Address <b>6 Jefferson Drive</b>			City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
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 <b>JOHN S. BRUNERO, JR.</b>			Address		
Address <b>1070 MAIN STREET</b>			City <b>COVENTRY</b>	Zip <b>02816-</b>	

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



\* 1 1 9 6 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.

File Date <b>11/2/04</b>
Check No. <b>1154</b>
By: <b>U.S.</b>
FOR SECRETARY OF STATE USE ONLY

*Michael R. Durand*  
Signature of Authorized Person      Date **10-25-04**  
**Michael R. Durand**  
Print or Type Name of Authorized Person



**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. *119635*		2. Exact name of the limited liability company EAGLE PROPERTIES, 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	
5. Principal office address 6 JEFFERSON DRIVE		City COVENTRY	State RI
		Zip 02816-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Michael Durand		Contact Title .	
Street Address 6 Jefferson Drive		City Coventry	State RI
		Zip 02816	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE 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 .	City .	State .	Zip .
Manager Name .		Manager Name .	
Street Address .		Street Address .	
City .	State .	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 JOHN S. BRUNERO, JR.		Address 1070 MAIN STREET	
Address .		City COVENTRY	Zip 02816-

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



\* 1 1 9 6 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.

\*119635 DLLC7/29/0312:24:59 PM\*  
File Date 8-19-03  
Check No. 10574  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

[Signature] 8-15-03  
Signature of Authorized Person Date  
MICHAEL R DURAND  
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 2002**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *119635*		2. Exact name of the limited liability company EAGLE PROPERTIES, 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	
5. Principal office address 6 JEFFERSON DRIVE		City COVENTRY	State RI
		Zip 02816-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Michael Durand		Contact Title .	
Street Address 6 Jefferson Drive		City Coventry	State RI
		Zip 02816	
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) / 7-18-52			
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 JOHN S. BRUNERO, JR.		Address 1070 MAIN STREET	
Address		City COVENTRY	Zip 02816-

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



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.

*Michael R Durand* 9-15-03  
Signature of Authorized Person Date

MICHAEL R DURAND  
Print or Type Name of Authorized Person

\*119635 DLLC7/29/03 12:24:59 PM\*  
File Date: 7-19-03  
Check No: 10751  
By: *MD*  
FOR SECRETARY OF STATE USE ONLY