



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. 120536		2. Exact name of the limited liability company Turtle Partners II, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, OWN, OPERATE, MAINTAIN, LEASE, DEVELOP & SELL PROPERTY			
5. Principal office address 17 LLOYD LANE		City PROVIDENCE	State RI	Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MURRAY S. DANFORTH, III		Contact Title Manager			
Street Address 17 LLOYD LANE		City PROVIDENCE	State RI	Zip 02906	
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 Murray S. Danforth, III		Manager Name			
Street Address 17 Lloyd Lane		Street Address			
City Providence	State RI	Zip 02906	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 ANDREW W. DAVIS, ESQ.		Address 101 DYER STREET			
Address		City PROVIDENCE		Zip 02903	

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



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120536 DLLC 07/06/04 04:16:04 PM	
File Date	FILED
Check No.	SEP 13 2005
By:	
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.

Murray S. Danforth, III
Signature of Authorized Person
Date
Murray S. Danforth, III
Print or Type Name of Authorized Person



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

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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 120536		2. Exact name of the limited liability company Turtle Partners II, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, OWN, OPERATE, MAINTAIN, LEASE, DEVELOP & SELL PROPERTY			
5. Principal office address 17 LLOYD LANE		City PROVIDENCE	State RI	Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MURRAY S. DANFORTH, III		Contact Title Manager			
Street Address 17 LLOYD LANE		City PROVIDENCE	State RI	Zip 02906	
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 Murray S. Danforth, III		*Manager Name .			
Street Address 17 Lloyd Lane		*Street Address .			
City Providence	State RI	Zip 02906	*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 ANDREW W. DAVIS, ESQ.		Address 101 DYER STREET			
Address .		City PROVIDENCE		Zip 02903	

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



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File Date _____

Check No. _____

By _____

FOR SECRETARY OF STATE USE ONLY

FILED

SEP 10 2004

By KMC
M44179

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.

Murray S. Danforth, III 7 Sept '04
Signature of Authorized Person Date

Murray S. Danforth, III
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. 120536		2. Exact name of the limited liability company Turtle Partners II, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Acquire, own, operate, maintain, manage, lease, develop and sell property	
5. Principal office address 17 LLOYD LANE		City PROVIDENCE	State RI
		Zip 02906-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Murray S. Danforth, III		Contact Title Manager	
Street Address 17 LLOYD LANE		City PROVIDENCE	State RI
		Zip 02906-	
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 Murray S. Danforth, III		• Manager Name .	
Street Address 17 Lloyd Lane		• Street Address .	
City Providence	State RI	Zip 02906	• City .
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 ANDREW W. DAVIS, ESQ.		Address 101 DYER STREET	
Address .		City PROVIDENCE	Zip 02903-

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



1 2 0 5 3 6

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.

Murray S. Danforth, III 11 Sept 03
Signature of Authorized Person Date
Murray S. Danforth, III
Print or Type Name of Authorized Person

120536 DLL-09-03 02:45:56 PM
FILED
File Date SEP 18 2003
Check No. By C6400
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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. *120536*		2. Exact name of the limited liability company Turtle Partners II, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Acquire, own, operate, maintain, manage, lease, develop and sell property			
5. Principal office address 17 HALSEY STREET		City PROVIDENCE	State RI	Zip 02906-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Murray S. Danforth, III		Contact Title Mgr			
Street Address 17 Halsey Street		City Providence	State RI	Zip 02906	
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 Murray S. Danforth, III		• Manager Name			
Street Address 17 Halsey Street		• Street Address			
City Providence	State RI	Zip 02906	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 ANDREW W. DAVIS, ESQ.		Address 101 DYER STREET			
Address		City PROVIDENCE		Zip 02903-	

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



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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.

Murray S. Danforth, III 14 Sept 02
Signature of Authorized Person Date

Murray S. Danforth, III
Print or Type Name of Authorized Person

120536 DLL C8/14/023:30:24 PM

File Date 9-16-02

Check No. 36909

By: AMF

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