



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 02903-133
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 <u>130239</u>		2. Exact name of the limited liability company <u>S9-01 Stundish Associates, LLC</u>	
3. State of Formation <u>R.I.</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Land Holding Company</u>	
5. Principal office address <u>7 Sherwood DR.</u>		City <u>Hope</u>	State <u>R.I.</u>
		Zip <u>02831</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>David Erickson</u>		Contact Title <u>member</u>	
Street Address <u>7 Sherwood DR</u>		City <u>Hope</u>	State <u>R.I.</u>
		Zip <u>02831</u>	
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 <u>David Erickson</u>		Address	
Address <u>7 Sherwood DR.</u>		City <u>Hope</u>	Zip <u>02831</u>

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 05 SEP 20 AM 11:36

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

FILED

SEP 20 2005

File Date	By <u>KMC</u>
Check No.	<u>C77430</u>
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.

[Signature] 9/20/05
Signature of Authorized Person Date
DAVID ERICKSON
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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 130239		2. Exact name of the limited liability company S9-61 Standish associates, LLC			
3. State of Formation R.I.		4. Brief description of the character of the business which is actually conducted in Rhode Island Land holding company			
5. Principal office address 7 Sherwood DR.		City Hope	State R.I.	Zip 02831	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name David Erickson			Contact Title member		
Street Address 7 Sherwood DR		City Hope	State R.I.	Zip 02831	
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					
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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 David A. Erickson			Address		
Address 7 Sherwood DR.		City Hope	Zip 02831		

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By **KMC**
CNN430

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] 9/20/05
 Signature of Authorized Person Date

David Erickson
 Print or Type Name of Authorized Person

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY