

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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

rung remok septei (FORM MUST BE TYPED	OR PRINTED IN BIACK)	• Filing Fee: \$5	0.00			
1. ID No. 115939		Exact name of the limited hability company risburg Associates, LLC				
3. State of Formation RHODE ISLAND	4. Brief descripto TO OWN, OP	on of the character of the h ERATE AND LEASE R	nstness which is actually conducted in EAL ESTATE	ı Rixide İsland		
5. Principal office address LO PLOSO 6. MAILING ADDRE	Greet, LP	- FLC257 LITY COMPANY AN	City POUNTED NAME OR TITLE OF CONT	State R ACT PERSON:	2ip 60463	
Contact Name Mi Choul	l D. Corso		Contact Title PACC	k		
JU ACOLY 7. NAME AND ADD	Street 4	floor	Providen	~~	21p 630p63	
	FILL IN SP	ACES BEFORE USIN	ED LIABILITY COMPANY, IF G ATTACHMENTS ("X" BO IRES FILING OF AMENDMEN	X FOR ATTACHMENT)		
Manager Name			Manager Nume	Manager Name		
Siren Address			Street Address	Sircei Address		
City	State	Zip	City.	State	Zip	
Manager Name	······································	•••••••	Manager Name	Hanager Name		
Siroci Address			Street Address	Street Address		
City	State	Ζφ	City	Siaic	Zíp	
8. RESIDENT AGEN Agent Name	T IN RHODE ISLAND	· DO NOT ALTER · C	Changes require filing of Fo	orm 642 - R.I.G.L. 7-16	-11	
MICHAEL D. CORSO, E	SQ.					
Address 15 WESTMINSTER STREET, SUITE 731			City PROVIDENCE	1 '		

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 declar including any accompanying sche
Fil	ile Date ////05 *115939*	contained herein are true and cor
CH	heck No	Signature of Authorized Person
By	FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized

re and affirm that I have examined this report, edules and statements, and that all statements,



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

100 North Main Street

Providence, RI 02903-1335 401,222,3040

Corporations Division

Matthew A. Brown, Secretary of State

2004 MITED 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) 2. Exact name of the limited liability company 115939 Harrisburg Associates, LLC 3. State of Formation 4. Brief description of the character of the inisiness which is actually conducted in Rhode Island TO OWN, OPERATE AND LEASE REAL ESTATE **RHODE ISLAND** 5. Principal office address PROVIDENCE 15 westminster Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title michael D. CORSO Street Address 15 Westminster St. 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) \square 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 Sirect Address City City State Zip Manager Name Manager Name Street Address Street Address City City State Zip 7.Ip 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 MICHAEL D. CORSO, ESQ. Address City Zip. **PROVIDENCE** 02903-15 WESTMINSTER STREET, SUITE 731

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



File Date	9-29-04
Check No.	795
ву:	<u>a</u>
	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

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: Septen	nber 1 - i	November 1 •	Filing Fee: \$50.00				
(FORM MUST BE TYPED							
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115939		larrisburg Associates,					
3 State of Formation		4 Brief description of the	character of the business whic	ch is actually conducted in Rhode Islan	đ		
RHODE ISLAND TO OWN, OPERATE AND LEASE REAL EST				FATE			
5 Principal office address				Guy	State		Zip
15 West	minste	r Street, Sui	te 731	Providence	R	I	02903
6. MAILING ADDRE	SS OF LI	MITED LIABILITY O	OMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:		•
Contact Name				Contact Title			
Micha	el D.	Corso		Agent			
Street Address				City	State		Zip
15 Westm	inster	Stree, Suite	731	Providence	RI	•	02903
7. NAME AND ADDI	RESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPLICAE	ILE		•
				HMENTS ("X" BOX FOR AT			
AN'	Y MODIF	FICATIONS TO MAN	AGERS REQUIRES FIL	ING OF AMENDMENT, R.I.G.I	. 7·16·12 (a) (2) / 7-16	-52
Manager Name				Manager Name			
				•			
Street Address			• •	Sirvet Address			
City		State	Zip	City	State		Zip
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Manager Name	• • • • • • • • • • • •		·····	Manager Nome			
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Street Address		· ·		Street Address			
City	}	State	Zip	City	State		Zip
	l			•			
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.1.G.L. 7-16-11							
Agent Name				Address			
MICHAEL D. CORSO, E	SQ.						
Address				City Ztp			
15 WESTMINSTER STREET, SUITE 731			PROVIDENCE 02903-				

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

	* 1 1 5 9 3	9 *
File Date	549	
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 statement configured herein are true and correct.
10-30-03
Whall D. Covso
Print or Type Name of Authorized Person



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) I. ID No. 2. Exact name of the limited liabilty company 115939 Harrisburg Associates, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN, OPERATE AND LEASE REAL ESTATE **RHODE ISLAND** 5. Principal office address Zip Providence 02903 <u>15 Westminister Street</u> Suite RI 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title <u>Michael D. Corso</u> Agent Street Address City State 02903 15 Westminister Street Suite 731 Providence RI 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 Zip City State *City State Zip Munager Name Manager Name Street Address Street Address City State Zip .City Zip State 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 MICHAEL D. CORSO, ESQ. Address City Zip 15 WESTMINSTER STREET, SUITE 731 **PROVIDENCE** 02903-

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



File Date	11-4-02
Check No.	361
В <u>у:</u>	<u>a</u>
FOR SEC	RETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have this report, including any accompanying schedules and sand/that all statements contained herein are true and corr	tatements,
INDC III	02
Signature of Authorized Person Date	1
Michael D. Conso	
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

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LIMITED LIABILITY COMPANY

ID	Number <u>DLLC 115939</u>	Annual Report for the year 2001			
1.	The name of the limited liability comp	any is:			
	Harrisburg Associates, LLC				
2.	The address of the principal office of	the limited liability company is:			
	15 Westminster Street, Ste. 731, Pr	ovidence, RI 02903			
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: MICHAEL D. CORSO, ESQ.					
	15 WESTMINSTER STREET, SUITI	E 731 PROVIDENCE RI 02903-			
5.	The current mailing address of the lin	nited liability company and the name or title of a person to whom communications			
	may be directed are:Michael D. Corso				
	15 Westminster Street, Ste. 731, Providence, RI 02903				
6.	A brief statement of the character of state: to own, operate, and lease	of the business in which the limited liability company is actually engaged in this			
7.	•	anagers, the name and address of each manager of the limited liability company Address			
File	FOR SECRETARY OF STATE USE ONLY Date: U 3 200	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. Harrisburg Associates, LLC Exact Name of Limited Liability Company Michael D. Corso Secretary			
By:	201	Title Form No. 632 Revised 01/99			