

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

100 North Main Street Providence, RI 02903-1335

401.222.3040

Corporations Division

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2005

Filing Period: Sept (FORM MUST BE TYPE			• Filing Fee: \$5	0.00		 		
1 ID No		name of the limited liability company						
109440	S.V. De	. Development Co., LLC						
3. State of Formation		4. Brief descripti	on of the character of the h	nisiness which is actually conducted in Ri	bode Island			
RHODE ISLAND		OWNING, M	ANAGING AND OPER	ATING REAL ESTATE				
5. Principal office add	ress			City	State	Zlp		
766 Broad	wav			Pawtucket	R.I.	. 02861		
		MITED LIAB	LITY COMPANY AN	D NAME OR TITLE OF CONTAC		,		
Contact Name				Contact Title				
Kenneth S	teingo	1d		Member		•		
Street Address				City	State	Zip		
766 Broad	way			Pawtucket	R.I.	. 02861		
		FILL IN SE	ACES BEFORE USIN	ED LIABILITY COMPANY, IF AF G ATTACHMENTS ("X" BOX IRES FILING OF AMENDMENT,	FOR ATTACHMENT			
Manager Name				Manager Name				
Street Address				Street Address				
City		State	Zip	City	State	Zip		
Manager Name	•••••••	l-••••••••••••••••••••••••••••••••••••		Manager Namc	Manager Name			
Street Address				Sirvet Address	Sirvet Address			
City		State	Zip	Clly	State	Zip		
8. RESIDENT AGE Agent Name ROBERT E. DAVIGI		ODE ISLAND	DO NOT ALTER - C	Changes require filing of Form	n 642 - R.I.G.I 7-1	6-11		
Address 420 ANGELL STRE	ET			City PROVIDENCE				

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

I IEEIDI	18111 B1811	BIEN BEN I	

109440

File Date	9-22-05
Check No.	38903
Ву:	AMF
F	OR 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.

KENNETH STEINGOLD, Member

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

400440	CM Development						
109440 3. State of Formation	S.V. Development Co		siness which is actually conducted in Rhodo	e Island			
RHODE ISLAND		ANAGING AND OPER	·	s existe rege		į	
5. Principal office address	1		City	State	Zip		
766 Broady	vay		Pawtucket	R.I.	02861		
		LITY COMPANY AND	NAME OR TITLE OF CONTACT	•	,		
Contact Name			Contact Title				
Kenneth St	teingold	• •	Member				
Street Address			City	State	Zip		
766 Broady	v ay		Pawtucket	R.I.	02861		
7. NAME AND ADDE	RESS OF EACH MANAG	ER OF THE LIMITE	D LIABILITY COMPANY, IF APPL	ICABLE	·		
			GATTACHMENTS ("X" BOX FO				
AN	Y MODIFICATIONS TO	MANAGERS REQUI	RES 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	I	I	Manager Name		J		
			nanager Name				
Street Address	<u> </u>		Striet Address				
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8. KESIDENT AGEN Agent Nume	I IN KHODE ISLAND -	DO NOT ALTER - C	hanges require filling of Form 6	542 - R.I.G.L. 7-1	6-11		
Age of Films			Munto				
ROBERT E. DAVIGNO	N, ESO.				<u> </u>		
Address			City		Zip		
420 ANGELL STREET	<u> </u>		PROVIDENCE 02906		02906		
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		SEP 17	2004				
		By Kun My	200				
		NN A	.५ ५४५				
	This report m	ust be signed in ink	by an authorized person pursuant	to R.I.G.L. 7-16-0	56 .		
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		. -			and statements, and that all sta		
			contained herein are	true and correct.			
File Date			1_1.	4 C			
			Du	XX XX	null'al	8/64	
Check No.			Signature of Authorize	ed Person	Date	01 5	
 .							
Bv:		_	KENNETH ST Print or Type Name of	TEINGOLD	Member		
FOR SECRETAL	RY OF STATE USE ONLY		Print or Type Name of	of Authorized Person			
					Green 632 Paul	בחוד	



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		***	\$50.00			
(FORM MUST BE TYPED						
1. ID No	1	xact name of the limited liability company				
109440		S.V. Development Co., LLC				
3. State of Formation	4. Brief desc	ription of the character of th	e business which is actually conducted t	in Rbode Island		
RHODE ISLAND	OWNING	, MANAGING AND OP	ERATING REAL ESTATE			
5. Principal office address			Ctty	State	Zíp	
766 Broadwa		ABILITY COMPANY A	Pawtucket	R.I.	02861	
Contact Name Kenneth Ste			Contact Title Member			
Street Address			City	State	Zip	
766 Broadwa	av		Pawtucket	R.I.	02861	
		NAGER OF THE LIM	ITED LIABILITY COMPANY, IF	•		
			ING ATTACHMENTS ("X" BO			
AN	Y MODIFICATION	S TO MANAGERS REC	QUIRES FILING OF AMENDME	NT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52	
Manager Name			Manuager Nami:	Manuager Nama:		
Street Address			Street Address		·	
			:			
City	State	Zip	Cliv	State	Zip	
Manager Name	······································		Manager Name			
Street Address						
Sireet Address			Street Address			
City	State	Zip	City	State	Zíp	
8. RESIDENT AGEN	' T IN RHODE ISLA	ND DO NOT ALTER	- Changes require filing of F	orm 642 - R I G I - 7-1	6.11	
Agent Name	, M.ODE 10EC	NO CONTRACTOR	Address	0111 012 - 1111.012. 7 7		
	א בפט			•	•	
	ROBERT E. DAVIGNON, ESQ.					
Address			City		Zip	
420 ANGELL STREET			PROVIDENCE		02906	
	<u> </u>		<u> </u>			

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

	* 1 0 9 4 4 0 *
File Date	10-24-03
Check No _	333 75
Ву:	OR 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

10/20/03

. . .

KENNETH STEINGOLD, Member

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)

1. ID No.

2. Exact name of the limited liabilty company

400440

2. W. Davidson and Co. 11.00

1. ID No.	2. Exact name of the lim					
109440						
3. State of Formation			ne husiness which is actually conducted in	Rhode Island		
RHODE ISLAND	OWNING, M	ANAGING AND OPER	ATING REAL ESTATE			
5. Principal office addre	ıss		City	State	Zip	
766 Broadw	ay		Pawtucket	R.I.	02861	
6. MAILING ADDE	RESS OF LIMITED	LIABILITY COMP	ANY AND NAME OR TITLE O	F CONTACT PERS	ON:	
Contact Name			Contact Title			
Kenneth St	eingold.		Member		<u> </u>	
Street Address			City	State	^{Zip} 02861	
766 Broadw			. Pawtucket	R.I.		
7. NAME AND ADD			IMITED LIABILITY COMPAN		E	
		ACES BEFORE USIN		OR ATTACHMENT		
	ANY MODIFICATIONS	TO MANAGERS REQ	UIRES FILING OF AMENDMENT. R.	I.G.L 7-16-12 (a) (2) / 7	-16-52	
Manuger Name			·Manager Name	• Manager Mame		
			•			
Street Address			* Street Address			
			•			
City	State	Zip	*City	State	Zip	
 	J <i>.</i>]		
Manager Name			*Manager Name			
<u> </u>			Street Address			
Street Address			• Street Address			
City	State	Zip	City	State	Zip	
	1		•			
8. RESIDENT AGEN	IT IN RHODE ISLAN	D-DO NOT ALTER- C	hanges require filing of Fo	rm 642 - R.I.G.L. 7-10		
Agent Name			Address			
ROBERT E. DAVIGNON, ESQ.						
Address	•		City	Zip	<u></u>	
420 ANGELL STREET	•		PROVIDENCE		02906	
						

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



	FILED
File Date	
	SEP 1 0 2002
Check No	
	By <u>(%, 1903)</u>
<i>B</i> <u>y:</u>	<u> </u>
FOR SECRE	ETARY 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

8/3/100

KENNETH STEINGOLD, Member



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

ז טו	Number DLLC 109440	Annual Report for the year 2001		
1.	The name of the limited liability comp	any is:		
	S.V. Development Co., LLC			
2.	The address of the principal office of	the limited liability company is:		
	766 Broadway, Pawtuc	ket, Rhode Island 02861		
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: ROBERT E. DAVIGNON, ESQ.			
	420 ANGELL STREET PROVIDENCE	E RI 02906		
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: Kenne	th Steingold		
	766 E	roadway, Pawtucket, R.I. 02861		
	state:Owning, managir	of the business in which the limited liability company is actually engaged in this signand operating real estate Inagers, the name and address of each manager of the limited liability company Address		
Date	ed 8/31/01 1 0 9 4 4 0	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. S.V. Development Co., LLC Exact Name of Limited Liability Company		
	OR SECRETARY OF STATE USE ONLY Date: 9/7/2001	By Julian M		
Chec	k No.: 36363	Kenneth Steingold, Member Title		
Зу:	\sim	Form No. 632 Revised 01/99		

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

Revised 01/99



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

LIMITED LIABILITY COMPANY

ID	Number DLLC 109440	Annual Report for the year 2000			
1.	The name of the limited liability comp	any is:			
	S.V. Development Co., LLC				
2.	The address of the principal office of	the limited liability company is:			
	766 Broadway, Pawtucke	t, Rhode Island 02861			
3.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND				
4.					
••	420 ANGELL STREET PROVIDENCE				
5.	_	nited liability company and the name or title of a person to whom communications			
	may be directed are: Kenneth S	teingold, 766 Broadway, Pawtucket, R.I. 02861			
6.	A brief statement of the character o	of the business in which the limited liability company is actually engaged in this			
	state: Owning, managing	and operating real estate.			
7.	If the limited liability company has ma Name	anagers, the name and address of each manager of the limited liability company **Address**			
Da	med September , 2000	Under penalty of perjury, I declare and affirm that I have examined this			
	21 11 12 12 14 15 16 1	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
		S.V. Development Co., LLC Exact Name of Limited Liability Company			
		EXACT VALUE OF ENTRING CONTRACTY			
File	FOR SECRETARY OF STATE USE ONLY Date:	By John Program			
Che	ck No.OCT 0 4 2000	Member Tite			
	- may 2220	Form No. 632			