



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. 99632		2. Exact name of the limited liability company Commodore 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 HOLDING COMPANY			
5. Principal office address 222 RICHMOND ST/BELVOIR PROPERTIES		City PROVIDENCE	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JAMES R WINOKER		Contact Title			
Street Address PO BOX 9006		City PROVIDENCE	State RI	Zip 02940	
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 David M. Winoker		Manager Name James R. Winoker			
Street Address 222 Richmond Street		Street Address PO Box 9006			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Manager Name Marilyn H. Winoker		Manager Name			
Street Address PO Box 9006		Street Address			
City Providence	State RI	Zip 02903	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 E. JEROME BATTY		Address 1500 FLEET CENTER			
Address		City PROVIDENCE		Zip 02903	

FILED

OCT 06 2005

by lc mc
Ang 211

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
OCT -6 PM 4:06

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



9 9 6 3 2

99632 DLLC 09/09/05 09:16:32 AM

File Date _____

Check No. _____

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.

E. Jerome Batty
Signature of Authorized Person

10/3/05
Date

E. Jerome Batty

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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 99632		2. Exact name of the limited liability company Commodore 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 HOLDING COMPANY	
5. Principal office address 222 RICHMOND STREET		City PROVIDENCE	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name JAMES R. WINOKER		Contact Title	
Street Address PO BOX 9006		City PROVIDENCE	State RI
		Zip 02940	
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 David M. Winoker		Manager Name James R. Winoker	
Street Address 222 Richmond Street		Street Address PO Box 9006	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
Manager Name Marilyn H. Winoker		Manager Name	
Street Address PO Box 9006		Street Address	
City Providence	State RI	City	State
Zip 02903		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 E. JEROME BATTY		Address 1500 FLEET CENTER	
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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99632 DLLC 11/04/04 03:07:36 PM

File Date 11/11/05

Check No. 165794

By: W.

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

Date

E. Jerome Batty

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. 99632		2. Exact name of the limited liability company Commodore 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 HOLDING COMPANY			
5. Principal office address 222 RICHMOND ST/BELVOIR PROPERTIES		City PROVIDENCE	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JAMES R. WINOKER		Contact Title			
Street Address P.O. BOX 9006		City PROVIDENCE	State RI	Zip 02940	
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 James R. Winoker		Manager Name Marilyn H. Winoker			
Street Address P.O. Box 9006		Street Address P.O. Box 9006			
City Providence	State RI	Zip 02940	City Providence	State RI	Zip 02940
Manager Name David M. Winoker		Manager Name			
Street Address 222 Richmond Street		Street Address			
City Providence	State RI	Zip 02903	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 E. JEROME BATTY		Address 1500 FLEET CENTER			
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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99632 DLLC 09/25/03 04:19:12 PM

File Date 10-22-03

Check No. 155724

By: [Signature]

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] 10/16/03
Signature of Authorized Person Date
E. Jerome Batty
Print or Type Name of Authorized Person



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. *99632*		2. Exact name of the limited liability company Commodore 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 HOLDING COMPANY			
5. Principal office address 222 RICHMOND ST/BELVOIR PROPERTIES		City PROVIDENCE	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name E. JEROME BATTY		Contact Title			
Street Address 1500 FLEET CENTER		City PROVIDENCE	State RI	Zip 02903-	
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 James R. Winoker		Manager Name Marilyn H. Winoker			
Street Address 222 Richmond Street		Street Address 222 Richmond Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Manager Name David M. Winoker		Manager Name			
Street Address 222 Richmond Street		Street Address			
City Providence	State RI	Zip 02903	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 E. JEROME BATTY		Address 1500 FLEET CENTER			
Address		City PROVIDENCE		Zip 02903	

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



* 9 9 6 3 2 *

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
E. Jerome Batty
Print or Type Name of Authorized Person

99632 DLLC9/16/02 9:20:30 AM

FILED

File Date SEP 25 2002

Check No. CC 145999

By [Signature]

FOR SECRETARY OF STATE USE ONLY

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

LIMITED LIABILITY COMPANY

ID Number DLLC 99632

Annual Report for the year 2001

1. The name of the limited liability company is:

Commodore Properties, LLC

2. The address of the principal office of the limited liability company is:

c/o Belyoir Properties, 222 Richmond Street, Providence, 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: E. JEROME BATTY

1500 FLEET CENTER PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: E. Jerome Batty, Esq.

1500 Fleet Center, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate holding company

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name
James R. Winoker

Address
222 Richmond Street, Providence, RI 02903

Marilyn H. Winoker

222 Richmond Street, Providence, RI 02903

David M. Winoker

222 Richmond Street, Providence, RI 02903

Dated 10/29/01



9 9 6 3 2

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.

Commodore Properties, LLC

Exact Name of Limited Liability Company

By E. Jerome Batty

Resident Agent

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date: 10-25-01

Check No.: 139037

By: re

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

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

LIMITED LIABILITY COMPANY

ID Number DLIC 99632

Annual Report for the year 2000

1. The name of the limited liability company is:

Commodore Properties, LLC

2. The address of the principal office of the limited liability company is:

c/o Belvoir Properties, 222 Richmond Street, Providence, 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: HASLAW, LLC

ATTN: SECRETARY 1500 FLEET CENTER PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: E. Jerome Batty

1500 Fleet Center, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate holding company

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name
James R. Winoker

Address
222 Richmond Street, Providence, RI 02903

Marilyn H. Winoker

222 Richmond Street, Providence, RI 02903

David M. Winoker

222 Richmond Street, Providence, RI 02903

Dated November 6, 2000



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.

Commodore Properties, LLC

Exact Name of Limited Liability Company

By Sandra Met Mace, Sec HASLAW LLC
Resident Agent

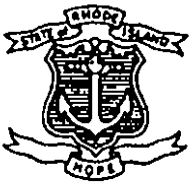
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	FILED
Check No.:	NOV 06 2000
By:	<u>[Signature]</u> 1/3/44

Form No. 632
Revised 01/99

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

LIMITED LIABILITY COMPANY

ID Number LL 99632

Annual Report for the year 1999

1. The name of the limited liability company is:

Commodore Properties, LLC

2. The address of the principal office of the limited liability company is:

c/o Belvoir Properties 222 Richmond Street, Providence, 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: Sandra Matrone Mack, Sec., HASLAW, LLC

Hinckley, Allen & Snyder LLP 1500 Fleet Center, Providence, RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: E. Jerome Batty, Esq.

1500 Fleet Center, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate holding company

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

James R. Winoker

222 Richmond Street, Providence, RI 02906

Marilyn H. Winoker

PO Box 9006, Providence, RI 02940

David M. Winoker

222 Richmond Street, Providence, RI 02906

Dated Nov 1, 19 99

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.

Commodore Properties, LLC

Exact Name of Limited Liability Company

FILED

NOV 08 1999

By [Signature] 123371

By Sandra Matrone Mack, Sec HASLAW, LLC
Registered Agent

Title