Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

MITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

| Filing Period: Septe FORM MUST BE TYPL | | | Filing Fee: \$50.0 | 00 | | | |
|--|------------------|--|--|--|-----------------------|---------------------------|--|
| 1. ID No. 99632 | 2. Exact Comm | name of the limited lie nodore Properties | s, LLC | ····· | | | |
| 3. State of Formation | | | | usiness which is actually conducte | d in Rhode Island | | |
| RHODE ISLAND | | REAL ESTATE H | OLDING COMPANY | C | | | |
| 5. Principal office address 222 RICHMOND | | VOIR PROPERT | IES | City PROVIDENCE | State RI | Zip 02903 | |
| 6. MAILING ADDI Contact Name JAMES R WINOK | | F LIMITED LIAE | BILITY COMPAN | YAND NAME OR TITLE Contact Title | OF CONTACT PI | erson: | |
| Street Address | | | - | City | State | Zip | |
| PO BOX 9006 | | | · | . PROVIDENCE | _ RI | 02940 | |
| 7. NAME AND AD | | FILL IN SPACES | BEFORE USING | IMITED LIABILITY CON ATTACHMENTS ("X" BOX RES FILING OF AMENDMENT. • Manager Name | FOR ATTACHMENT) | | |
| David M. Wino | ker | | | James R. Winol | cer | | |
| Street Address | | | | · Sircei Address | | <u> </u> | |
| 222 Richmond | Street | | | PO Box 9006 | | | |
| City | | State | Zip | *City | State | Zip | |
| Providence | | RI | 02903 | Providence | RI | 02903 | |
| Manager Name | | | .' | *Manager Name | | | |
| Marilyn H. Wi | inoker | | | • | | | |
| Sircei Address PO Box 9006 | | | | Street Address | | | |
| City | | State | Zip | City | State | Zip | |
| Providence | | RI | 02903 | • | | | |
| 8. RESIDENT AGE! Agent Name | NT IN RE | ODE ISLAND -DO | NOT ALTER- Cha | anges require filing of | Form 642 - R.I.G.L | 7-16-11 | |
| E. JEROME BAT | TY | | | 1500 FLEET CE | NTER | | |
| Address | | | | City | | Zip | |
| | | | | PROVIDENCE | | 02903 | |
| This report must b | e signed | | FILED OCT 0 6 2005 ICMC 14 197 Thorized person p | h1] pursuant to 7-16-66. | | 05 0CT -6 PH 4: (| SEC. 1. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. |
| | 9 9 6 | 3 2 | | | | affirm that I have examin | |
| <u> </u> | | | _ | • | ling any accompanying | g schedules and statement | is, |

99632 DLLC 09/09/05 09:16:32 AM File Date_ Check No. FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person

E. Jerome Batty

Print or Type Name of Authorized Person



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

| 1. ID No. | ED OR PRINTED IN BL 2. Exact name of the li | | | | |
|--------------------------|---|---|--|---|---|
| 99632 | Commodore Prop | perties, LLC | | | |
| 3 State of Formation | | | business which is actually conducted | in Rhode Island | - |
| RHODE ISLAND | REAL EST | ATE HOLDING COMPAN | īΥ | | |
| 5 Principal office addre | ess | <u></u> : | City | State | Zip |
| 222 RICHMOND | STREET | | PROVIDENCE | RI | 02903 |
| 6. MAILING ADD | RESS OF LIMITED | LIARILITY COMPA | NY AND NAME OR TITLE | OF CONTACT PE | BEAN MADE AND A SECOND |
| Contact Name | والروائي الروائية والمستوال والروائية فالمستواط | | Contact Title | OI CONTACTAL | |
| JAMES R. WINO | KER | | • | | |
| Street Address | | <u>-</u> | City | State | Zip |
| PO BOX 9006 | | | . PROVIDENCE | RI | 02940 |
| 7. NAME AND AD | DRESS OF EACH N FILL IN S | TANAGER OF THE L PACES BEFORE USING S TO MANAGERS REQUI | IMITED LIABILITY COMP ATTACHMENTS 4 X 80X F RES FILING OF AMENDMENT R | PÁNY, IF APPLIO ÔR ATTACHMENT: [U:G:E7-16-12 (á) (2) | ABLE C. |
| Manager Name | | ى» بىدىرىيىنىغىن ۋەكىنىڭ بىكى دىر. «ئىنىكانىكە» ئاقىلىنىدىكىنى ئىكىنى ئىكىنىدىكى ئىكىنى | энгэн хэсгэний хайгайн байгайн хайгайн байгайн байгайн байгайн байгайн байгайн байгайн байгайн байгайн байгайн • Manager Name | eritumpiresile effektionis i elikul | ratu kini Pransi kikatin kikati ji kinada kikati kikati kikati kikati (1995). Mak |
| David M. Winol | ker | | James R. Winoke | er | |
| Street Address | | | * Street Address | | |
| 222 Richmond S | Street | | :PO Box 9006 | | |
| City | State | Zip | *City | Store | Zip |
| Providence | RI | 02903 | Providence | RI | 02903 |
| Manager Name | | • • • • • • • • • • • • • • • • | *Manager Name | remembrate na la paramem | ♥ : ♥♥ ♥♥ =₱=♥=♥=♥=♥= (♥ : ♥ ♥ ♥ = ♥ = ♥ |
| Marilyn H. Wi | noker | ··· | <u>•</u> . | | |
| Street Address | | | Street Address | • | |
| PO Box 9006 | 18444 | - · · · · · · · · · · · · · · · · · · · | · | | |
| City | State | Zıp | City | State | Zīp |
| Providence | RI | 02903 | • | | |
| 8. RESIDENT AGEN | IT IN RHODE ISLAN | ID DO NOT ALTER-Ch | anges require filing of Fo | rm 642 R.I.G.L. | 16-11-15-53 |
| E. JEROME BATT | ΤΥ | | 1500 FLEET CENT | rer | |
| Address | · | <u>·</u> | City | | Zip |
| | | | PROVIDENCE | } | 02903 |
| | | | | • | . |

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





| | | | | ı |
|----|----|----|--|---|
| ım | in | ed | | |

| | LLC 11/04/04 03:07:36 PM* | _ |
|-------------|---------------------------|---|
| File Doie_ | 111/05 | |
| Check No | 165794 | |
| В <u>у:</u> | 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. |

| I Sam | _e Sutte |
|----------------|-------------------|
| Signaryte of A | uthorized Person/ |
| / | / |

Date

E. Jerome Batty

Print or Type Name of Authorized Person

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

| 1. ID No. | PED OR PRINTED IN BL 2. Exact name of the li | | - " | | |
|---|---|---|--|-------------------|--------------|
| 99632 | Commodore Prop | perties, LLC | | | |
| 3. State of Formation | 4. Brief descri | ption of the character of the l | business which is actually conducted | in Rhode Island | |
| RHODE ISLAN | REAL EST | ATE HOLDING COMPAN | r y | | |
| 5. Principal office ad | | | City | State | Zip |
| 222 RICHMOND | ST/BELVOIR PRO | PERTIES | PROVIDENCE | RI | 02903 |
| 6. MAILING AD Contact Name JAMES R. WIN | | LIABILITY COMPAN | NY AND NAME OR TITLE Contact Title | OF CONTACT P | ERSON: |
| Street Address | | | Ciry | State | Zip |
| P.O. BOX 900 | 6 | | . PROVIDENCE | RI | 02940 |
| Manager Name James R. Win | | S TO MANAGERS REQUI | RES FIUNG OF AMENDMENT. F Manager Name Marilyn H. Wind | <u>-</u> | 2) / 7-16-52 |
| Street Address | | | · Street Address | • | |
| P.O. Box 900 | 6 | | P.O. Box 9006 | | |
| City | State | Zip | *City | State | Zip |
| Providence | RI | 02940 | Providence | RI | 02940 |
| Manager Name David M. Wir | okor | • | Manager Name | | |
| Sirees Address | | | Street Address | | <u> </u> |
| TATEL MODICAL | d Street | | • | | |
| 222 Richmond | State | Zip | City | State | Zip |
| | 10 | · | | | |
| 222 Richmond City Providence | RI | 02903 | • | | |
| Ciny Providence | RI | | anges require filing of Fo | orm 642 - R.I.G.L | .7-16-11 |
| City Providence 8. RESIDENT AG | RI ENT IN RHODE ISLA | | <u>.</u> | | .7-16-11 |
| City Providence 8. RESIDENT AG Agent Name | RI ENT IN RHODE ISLA | | Address | | .7-16-11 |

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



| *99632 DLI | LC 09/25/03 04:19:12 PM* |
|-----------------|--------------------------|
| File Date | 10-22·03 |
| Check No. | 155724 |
| B _{V:} | a. |
| FOR SECRET | ARY 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

Print or Type Name of Authorized Person



Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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

| FORM MUST BE TY | | · • : · · | | | |
|--|--|---|---|---|--------------|
| 1. ID No. *99632* | 2. Exact name of the lin | | | ·—· | |
| | Commodore Prop | | | . 5/ | <u></u> |
| 3. State of Formation | REAL ESTA | tion of the character of the t TB HOLDING COMPAN | business which is actually conducted. Y | in Rhode Island | |
| RHODE ISLAND |) | | ·- | | |
| 5. Principal office add | | | City | State | Zip |
| 222 RICHMOND | ST/BELVOIR PRO | PERTIES | PROVIDENCE | RI | 02903 |
| Contact Name | DRESS OF LIMITED | LIABILITY COMPAN | Contact Title | OF CONTACT PI | erson: |
| Street Address | | | City | State | Zîp |
| 1500 FLEET CE | ENTER | | . PROVIDENCE | RI | 02903- |
| Manager Name | • | PACES BEFORE USING TO MANAGERS REQUI | RES FILING OF AMENDMENT. R | OR ATTACHMENT) LI.G.L 7-16-12 (a) (2 | |
| ranager Name | | | · Manager Name | | |
| • | | | . • | _ | |
| James R. Wind | oker | | Marilyn H. Wind | oker | |
| James R. Wind | | | . • | oker | |
| James R. Wind Street Address 222 Richmond | Street | | Marilyn H. Wind *Sireet Address . 222 Richmond St | reet | |
| James R. Wind Street Address 222 Richmond City | Street State | Zip | Marilyn H. Wind *Street Address . 222 Richmond St *City | reet State | Zip |
| James R. Wind Street Address 222 Richmond City Providence | Street | Zip 02903 | Marilyn H. Wind Street Address 222 Richmond St City Providence | reet | Zip 02903 |
| James R. Wind Street Address 222 Richmond City Providence Manager Name | Street State RI | | Marilyn H. Wind *Street Address . 222 Richmond St *City | reet State | • · |
| James R. Wind Street Address 222 Richmond City Providence Manager Name David M. Win | Street State RI | | Marilyn H. Wind Street Address 222 Richmond St City Providence 'Manager Name | reet State | • · |
| James R. Wind Street Address 222 Richmond City Providence Manager Name David M. Win | Street State RI RI Noker | | Marilyn H. Wind Street Address 222 Richmond St City Providence | reet State | • · |
| James R. Wind Street Address 222 Richmond City Providence Manager Name David M. Win Street Address 222 Richmond | Street State RI RI Noker | | Marilyn H. Wind Street Address 222 Richmond St City Providence 'Manager Name | reet State | • · |
| James R. Wind Street Address 222 Richmond City Providence Manager Name David M. Win Street Address 222 Richmond | Street State RI Stoker Street | 02903 | Marilyn H. Wind Street Address 222 Richmond St City Providence Manager Name Street Address | State RI | 02903 |
| James R. Wind Street Address 222 Richmond City Providence Manager Name David M. Win Street Address 222 Richmond City Providence | Street State RI Noker Street State RI | 02903 Zip 02903 | Marilyn H. Wind Street Address 222 Richmond St City Providence Manager Name Street Address City | State RI State | 02903 |
| James R. Wind Street Address 222 Richmond City Providence Manager Name David M. Win Street Address 222 Richmond City Providence 8. RESIDENT AGE | Street State RI Noker Street State RI | 02903 Zip 02903 | Marilyn H. Wind Street Address 222 Richmond St City Providence Manager Name Street Address | State RI State | 02903 |
| James R. Wind Street Address 222 Richmond City Providence Manager Name David M. Win Street Address 222 Richmond City Providence 8. RESIDENT AGE Igent Name | Street State RI Street State RI Street RI ENT IN RHODE ISLAN | 02903 Zip 02903 | Marilyn H. Wind Street Address 222 Richmond St City Providence Manager Name Street Address City anges require filling of Fe | State RI State State State | 02903 |
| James R. Wind Street Address 222 Richmond City Providence Manager Name David M. Win Street Address 222 Richmond City Providence | Street State RI Street State RI Street RI ENT IN RHODE ISLAN | 02903 Zip 02903 | Marilyn H. Wind Street Address 222 Richmond St City Providence Manager Name Street Address City Address | State RI State State State | 02903 |

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



| *99632 | DLLC9/16/129:20:30 AM* |
|-----------------|--------------------------|
| File Date | |
| Check No. | SEP 25 2002 |
| B _{Y:} | By 145999 |
| FOR SEC | RETARY 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
Print or Type Name of Authorized Person

Form 632 Rev. 6/02

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

| D | Number DLLC 99632 | Annual Report for the year <u>2001</u> |
|----|--|--|
| 1. | The name of the limited liability compar | ny is: |
| | Commodore Properties, LLC | |
| 2. | The address of the principal office of th | e limited liability company is: |
| | c/o Belvoir Properties, 222 Richmor | nd 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 a | gent is: E. JEROME BATTY |
| | 1500 FLEET CENTER PROVIDENCE | RI 02903 |
| 5. | The current mailing address of the limit | ted liability company and the name or title of a person to whom communications |
| | may be directed are:E_ Jerome E | 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 compar | ny |
| 7. | If the limited liability company has man | agers, the name and address of each manager of the limited liability company Address |
| | James R. Winoker | 222 Richmond Street, Providence, RI 02903 |
| | Marilyn H. Winoker | 222 Richmond Street, Providence, RI 02903 |
| | David M. Winoker | 222 Richmond Street, Providence, RI 02903 |
| Da | ated 10 29 01 | 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 |
| | FOR SECRETARY OF STATE USE ONLY Date: 10-25-01 cck No.: 13903 7 | Resident Agent Title Form No. 632 Revised 01/99 |

DETACH BOTTOM BEFORE RETURNING

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 9963 |
|---------------------|
|---------------------|

By:

Annual Report for the year 2000

| 1. | The name of the limited liability compa | ny 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 limit may be directed are: | ited liability company and the name or title of a person to whom communications Batty | |
| | 1500 Fleet Center, Providence, RI 02903 | | |
| 7. | If the limited liability company has man | nagers, the name and address of each manager of the limited liability company Address | |
| | James R. Winoker | 222 Richmond Street, Providence, RI 02903 | |
| | Marilyn H. Winoker | 222 Richmond Street, Providence, RI 02903 | |
| | David M. Winoker | 222 Richmond Street, Providence, RI 02903 | |
| Da | 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 | |
| | FOR SECRETARY OF STATE USE ONLY Date: | By Send Met Mack, Sec HASLAW CIC Resident Agent | |
| Che - | ck No.: NOV 0 6 2000 | Title Form No. 632 | |



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 N | umber <u>LL 99632</u> | Annual Report for the year1999 |
|------|--|--|
| 1. | The name of the limited liability company is | s: |
| | Commodore Properties, LLC | |
| 2. | The address of the principal office of the lin | mited liability company is: |
| | c/o Belvoir Properties 222 Richmond Str | reet, Providence, RI 02903 |
| 3. | The state or other jurisdiction under the law | vs of which it is formed is: Rhode Island |
| 4. | The name and address of its resident agen | t is: Sandra Matrone Mack, Sec., HASLAW, LLC |
| | Hinckley, Allen & Snyder LLP 1500 Flee | t Center, Providence, RI 02903 |
| 5. | The current mailing address of the lin | mited liability company and the name or title of a person to whom |
| | communications may be directed are:E | E. Jerome Batty, Esq. |
| | 1500 Fleet Center, Providence, RI 0290 | 3 |
| 6. | A brief statement of the character of the | e business in which the limited liability company is actually engaged in this |
| | state: Real estate holding company | |
| 7. | If the limited liability company has manage Name | ers, the name and address of each manager of the limited liability company Address |
| | 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 |
| Date | NOV 0 8 1999 A | 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 Amal Math Math Lee HASLAWILLC |
| | By_14 1000 | Registered Agant |
| | | Title |

Form No. LLC-19 Revised 8/97