

## 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 - (FORM MUST BE TYPED OR PRIN		Filing Fee: \$50.00					
128942 2. Exact name of the limited liability company Sable Point Properties, LLC							
3. State of Formation RHODE ISLAND	4. Brief description of the OWNERSHIP AND	bich is actually conducted in Rhode Island AL ESTATE					
5. Principal office address  257 Elmgnoe Are.  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME			OR TITLE OF CONTACT PERS	State	I	02906	
			Contact Title				
Street Address Amgrave Avr.			Proidence	State 1.	I	2402506	
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					-52		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City:	State Zip		Zip	
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State Z.ip		Ζφ	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name CELESTE MARSELLA			s require filing of Form 642 - R.J.G.L., 7-16-11				
Address 257 ELMGROVE AVENUE			PROVIDENCE	<i>Ζφ</i> 02906-			

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

File Date	1 - 08 -05 *128942*	
Check No	1077	_
Ву:	<u>IUP</u>	_
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 July and correct.
Alliarella
Signatur of Authorized Person Date
Celeste Marsella
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 BIACK) 1. ID No 2. Exact name of the limited liability company 128942 Sable Point Properties, LLC 3. State of Formation 4. Brief description of the character of the inistness which is actually conducted in Rhode Island **RHODE ISLAND** Ownership and management 5. Principal office address 257 Elmanue 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: 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 2ip City State State Z.ip Manager Name Manager Name Street Address Street Address Zip City State State Zio 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 **CELESTE MARSELLA** Zip Address Cin-**PROVIDENCE** 257 ELMGROVE AVENUE 02906-

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



File Date	9/8/04
Check No.	1019
Ву:	OA
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I had including any accompanying schedules and statements	
contained herein are true and correct.	
Coles to Mossella	9/4/04
Signature of Authorized Person Date	
Calacta Massalla	<i>'</i>

Print or Type Name of Authorized Person



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

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR.

2003

(FORM MUST BE TYPED	OR PRINTED IN BLACK)	111112 1 00. 05	0.00				
I ID No.	2. Exact name of the limited liability company						
128942	Sable Point Proper	Sable Point Properties, LLC					
3. State of Formation 4. Brief description of the character of the business which							
RHODE ISLAND real estate ownersh			nership	City Pardence State B. I 2182906			
5. Principal office address 257 Elmqiove Ave			Ch	Pordence	State B.	Z	202906
6. MAILING ADDRES	SS OF LIMITED LIABILI	TY COMPANY AN	D NAME OR	TITLE OF CONTACT PERSO	ON:		
Contact Name Celeste Harsella			Con	Contact Title			
Sircei Address 257 E	Street Address 257 Elmgious Are.			Providence	State R.	I.	22906
			ED LIABILITY	COMPANY, IF APPLICABI	L <b>E</b> .	_	
4 9 79				ENTS ("X" BOX FOR ATT			63
-			•	ING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name			Mai	Manager Name			
Street Address			Stre	Street Address			
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Manuger Name			Mai	Manager Name			
Street Address			Stra	Street Address			
City	State	Zip	City	yr .	State		Zip
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8. RESIDENT AGENT	T IN RHODE ISLAND - T	O NOT ALTER -	Changes requ	uire filing of Form 642 - F	R.I.G.L. 7-10	6-11	
Agent Name			Add	Address			
CELESTE MARSELLA							
Address			Clij	Cuy Zip		Zip	
257 ELMGROVE AVENUE			PI	PROVIDENCE 02906-			
<del></del>						<u> </u>	

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

	* 1 2 8 9 4 2 *
File Date _ Check No By:	9-9-03 1004 Oc
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.
Matellandia 9/1/03
Signature of Authorized Person Date/
Celeste Marsella
Print or Type Name of Authorized Person