



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. 128942		2. Exact name of the limited liability company Sable Point Properties, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP AND MANAGEMENT OF REAL ESTATE	
5. Principal office address 257 Elmgrove Ave.		City Providence	State RI
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Celeste Marsella		Contact Title	
Street Address 257 Elmgrove Ave.		City Providence	State RI
		Zip 02906	
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		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CELESTE MARSELLA		Address	
Address 257 ELMGROVE AVENUE		City PROVIDENCE	Zip 02906

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



File Date	11-08-05	*128942*
Check No.	1022	
By:	LM	
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
Celeste Marsella
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
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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 128942		2. Exact name of the limited liability company Sable Point Properties, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Ownership and management of real estate	
5. Principal office address 257 Elm Grove Avenue		City Providence	State RI
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Celeste Marsella		Contact Title Registered Agent	
Street Address 257 Elm Grove Avenue		City Providence	State RI
		Zip 02906	
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		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	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 CELESTE MARSELLA		Address	
Address 257 ELMGROVE AVENUE		City PROVIDENCE	Zip 02906

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	9/8/04
Check No.	1019
By:	DA
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.

Celeste Marsella 9/4/04
Signature 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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 128942		2. Exact name of the limited liability company Sable Point Properties, LLC									
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island <i>real estate ownership, leasing & maintenance</i>									
5. Principal office address <i>257 Elmgrove Ave</i>		City <i>Providence</i>		State <i>R.I.</i>		Zip <i>02906</i>					
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:											
Contact Name <i>Celeste Marsella</i>				Contact Title							
Street Address <i>257 Elmgrove Ave.</i>		City <i>Providence</i>		State <i>R.I.</i>		Zip <i>02906</i>					
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				Manager Name							
Street Address				Street Address							
City		State		Zip		City		State		Zip	
Manager Name				Manager Name							
Street Address				Street Address							
City		State		Zip		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 CELESTE MARSELLA				Address							
Address 257 ELMGROVE AVENUE				City PROVIDENCE		Zip 02906					

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	<i>9-9-03</i>
Check No.	<i>1004</i>
By:	<i>C</i>
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.

Celeste Marsella *9/7/03*
Signature of Authorized Person Date
Celeste Marsella
Print or Type Name of Authorized Person