



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. 108941		2. Exact name of the limited liability company Benevolent Improvement Associates, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO LEASE, MAINTAIN AND DEVELOP REAL ESTATE.	
5. Principal office address 86 WEYBOSSET STREET		City PROVIDENCE	State RI Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOHATHAN N SAVAGE		Contact Title Attorney	
Street Address 86 WEYBOSSET STREET		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 None		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 JONATHAN N. SAVAGE, ESQ.		Address 86 WEYBOSSET STREET	
Address		City PROVIDENCE	Zip 02903

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



1 0 8 9 4 1

108941 DLLC 09/11/05 03:46:00 PM

File Date 10/5/05

Check No. 15781 A78906

By: CML

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.

Daniel R. Mechnig 9/21/05
Signature of Authorized Person Date

DANIEL R. MECHNIG

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
401.222.3020

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. 108941		2. Exact name of the limited liability company Benevolent Improvement Associates, L.L.C.			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To own, operate, lease, rent, develop, sell and purchase real estate.			
5. Principal office address 86 Weybosset Street, 2nd Floor		City Providence	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Jonathan N. Savage		Contact Title Attorney			
Street Address 86 Weybosset Street, 2nd Floor		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 None		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 Jonathan N. Savage		Address			
Address 86 Weybosset Street		City Providence	Zip 02903		

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



1 0 8 9 4 1

File Date	9/28/04
Check No.	15510
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.

Tim Healy 15 Sep 04
Signature of Authorized Person Date
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. 108941		2. Exact name of the limited liability company Benevolent Improvement Associates, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO LEASE, MAINTAIN AND DEVELOP REAL ESTATE.	
5. Principal office address 86 WEYBOSSET STREET		City PROVIDENCE	State RI Zip 02903-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name JOHATHON N SAVAGE Contact Title ATTORNEY			
Street Address 86 WEYBOSSET STREET		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 N/A		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 - RLGL 7-16-11			
Agent Name JONATHAN N. SAVAGE, ESQ.		Address 86 WEYBOSSET STREET	
Address		City PROVIDENCE	Zip 02903

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



1 0 8 9 4 1

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: Thomas J. Kelly Date: 9/24/03
Print or Type Name of Authorized Person: Thomas J. Kelly

108941 DLLC 09/04/03 10:26:57 PM	
File Date	<u>10/8/03</u>
Check No.	<u>15209</u>
By:	<u>LMC</u>
FOR SECRETARY OF STATE USE ONLY	



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. 108941		2. Exact name of the limited liability company Benevolent Improvement Associates, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO LEASE, MAINTAIN AND DEVELOP REAL ESTATE.			
5. Principal office address c/o Providence Art Club 11 Thomas Street		City Providence		State RI	Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Jonathan N. Savage			Contact Title Attorney		
Street Address 86 Weybosset Street		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 N/a			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 JONATHAN N. SAVAGE, ESQ.			Address		
Address 86 WEYBOSSET STREET			City PROVIDENCE		Zip 02903

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



* 1 0 8 9 4 1 *

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.

File Date 11-19-02

Check No. 14946

By: BNF

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person 11-8-02
Date

SEB Rogers
Print or Type Name of Authorized Person

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 108941

Annual Report for the year 2001

1. The name of the limited liability company is:

Benevolent Improvement Associates, L.L.C.

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

c/o Jonathan N. Savage, 86 Weybosset 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: JONATHAN N. SAVAGE, ESQ.

86 WEYBOSSET STREET 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: Jonathan N. Savage, 86 Weybosset Street, 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: To lease, maintain and develop real estate

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

None

Dated 10/31/01



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.

Benevolent Improvement Associates, L.L.C.

Exact Name of Limited Liability Company

By [Signature]

Title

Form No. 632
Revised 01/99

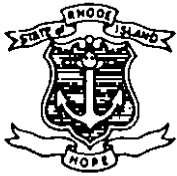
FOR SECRETARY OF STATE USE ONLY	
File Date:	FILED
Check No.:	OCT 31 2001
By:	By SC 8p CR # 5849

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 obtained by contacting this office at 401-222-3040, or from our web site at www.state.ri.us

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 108941

Annual Report for the year 2000

1. The name of the limited liability company is:

Benevolent Improvement Associates, L.L.C.

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

c/o Jonathan N. Savage, 86 Weybosset 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: JONATHAN N. SAVAGE, ESQ.

86 Weybosset Street, Providence, RI 02903
SHECHTMAN & HALPERIN 65 PINE STREET 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: Jonathan N. Savage, Esq., 86 Weybosset Street,

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: To lease, maintain and develop real estate.

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

Name

Address

None

Dated March 2, 2001



FILED

FOR SECRETARY OF STATE USE ONLY

File Date:

MAR 16 2001

Check No.:

By [Signature]

By:

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.

Benevolent Improvement Associates, L.L.C.

Exact Name of Limited Liability Company

By [Signature]

Title

Form No. 632
Revised 01/99