

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) 2. Exact name of the limited liabilty company 108941 Benevolent Improvement Associates, L.L.C. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island TO LEASE, MAINTAIN AND DEVELOP REAL ESTATE. RHODE ISLAND 5. Principal office address City State Zip 86 WEYBOSSET STREET **PROVIDENCE** RΙ 02903 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title JOHATHAN N SAVAGE ·Attorney Street Address City State Zio 86 WEYBOSSET STREET • PROVIDENCE RI 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) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name None Street Address Street Address Zip City State Cin State Zip Manager Name Manager Name Street Address ·Street Address City State City 20 State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filling of Form 642 - RJ.GL. 7-16-11 Agent Name Address JONATHAN N. SAVAGE, ESQ. 86 WEYBOSSET STREET Address Cirv Zφ PROVIDENCE 02903

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



\*108941 DLLC 09/11/05 03:46:00 PM\* File Date Check No. 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

DANIEL R. MECHNIG

Print or Type Name of Authorized Person



Matthew A. Brinen. 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				<u> </u>					
<i>1.10 No.</i> 1 <b>08941</b>		r name of the lit volent Impro							
3. State of Format				, C.C.O. v husiness which is actually conducted	Lin Rhode Island				
Rhode Island			•	•	ent, develop, sell and purchase real estate.				
5. Principal office	addniss	1		City	State	Zip			
86 Weyboss	et Stree	t, 2nd Fl	oor	Providence	RI	62903			
6: MAILING Contact Name Jonathan N	enan'i pinambani i Maria Sana	er er er en	павилту сомр	ANY AND NAME OR TITLE Contact Title Attorney	OF CONTACT P	ERSON			
Street Address				Cay	State	Zip			
86 Weyboss	et Street	t, 2nd Flo	oor	.Providence	RI	02903			
Manager Name		FILL IN S	PACES BEFORE USIN	LIMITED HABIHITY COM GATTACHMENTS CX BOX UIRES FILING OF AMENDMENT. Manager Mana	FOR ATTACHMENT)				
None				:					
Sixet Address			*Street Address						
Сиу		State	Zip	*City	Siate	Zip			
Manager Nume		J		Manager Name					
Street Address				Street Address	·				
City	· · · · · · · · · · · · · · · · · · ·	Stine	Zip	Cuy	State	Zip			
		January Company	gas gara gara e sees sussimir keegur.	arakona wakentarkona kulominin lawa mitoharin ba	gy - <b>er w</b> aarde miljaars, meestaal e	an e na me no ana manara na ma			
& RESIDENT	AGÊNTIN R	HODE ISUVA	D-DO NOT ALTER- C	hanges require filling of F	orm 642 - R.I.GI	27-16(11)			
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Agent Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HODEASUAN	ID-DO NOT ALTER-C		orm 642 - R.I.G.I	7:16[1V]			

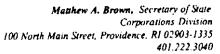
This report must be signed in ink-by an authorized person pursuant to 7-16-66.



File Date	9	28/04	
Check No	<u> </u>	15510	
B <u>v:</u>	<del></del>	0a	
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.

Print or Type Name of Authorized Person



Form 632 Rev. 6/02



FOR SECRETARY OF STATE USE ONLY

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

4. Brief description TO LEASE, M.	AINTAIN AND DE	LL.C. c husiness which is actually conducted i svelop real estate.  City PROVIDENCE	in Rhode Island			
TO LEASE, M	AINTAIN AND DE	City				
r		City	State			
	ABILITY COMP		State			
	ABILITY COMP	PROVIDENCE	RI	Zip 02903 -		
F LIMITED LI	ABILITY COMP					
		ANY AND NAME OR TITLE	OF CONTACT PER	SON:		
		Contact Title ATTORNEY				
		City	State	Zip		
?		PROVIDENCE	RI 02903-			
OF EACH MAI	NAGER OF THE	LIMITED LIABILITY COMP	PANY, IF APPLICA	BLE		
FILL IN SPACE	CES BEFORE USING	G ATTACHMENTS ("X" BOX FO	OR ATTACHMENT) 📙			
ODIFICATIONS TO	MANAGERS REQU		G.L. 7-16-12 (a) (2) /	1-10-0Z		
		• Manager Name •				
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		- sireer Audress				
State	Zip	*City	State	Zip		
	r	• •				
<b>4</b> .		*Manager Namu		_		
		Street Address				
State	Zip	City	State	Zip		
HODE ISLAND	-DO NOT ALTER- C		orm 642 - RLGL. 7-	16-11		
•	••	Address				
, ESQ.						
		Ciņ	City Zip			
		PROVIDENCE		02903		
	State  State  HODE ISLAND	State Zip    State   Zip     State   Zip	FILL IN SPACES BEFORE USING ATTACHMENTS (X* BOX FOODSFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R  **Manager Name**  **Street Address*  **City*  **City*  **City*  **Address*  **Street Address*  **Address*  **Street Address*  **Stree	State    State   Zip   City   State		



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 2002

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

(FORM MUST BE TYPED OR PRINTED IN RIACK)

	TYPED OR PRINTED IN BI					
I. ID No. 108941	108941 Benevolent Improvement Associates, L.L.C.					
3. State of Formation	,		business which is actually conducted is	n Rhode Island		
RHODE ISLAN	D TO LEASE,	MAINTAIN AND DEVELO	OP REAL ESTATE.			
5. Principal office	address c/o Provide	nce Art Club	City	State	Zip	
ll Thomas			Providence	ce RI		
	DDRESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE O	F CONTACT PERSO	N:	
Contact Name			Contact Title			
Jonathan N	N. Savage		• Attorney			
Street Address	_	·-	City	State	Zip	
86 Weyboss	set Street		• PRovidence	RI	02903	
<del></del>	FILL IN SI	PACES BEFORE USING	ATTACHMENTS ("X" BOX F RES FILING OF AMENDMENT. R.	OR ATTACHMENT	6-52	
Manager Name N/a			• Manager Nume •			
Sireci Address			*Street Address			
City	State	Zip	*City	State	Zip	
Manager Name	• • • • • • • • • • • • •		Manager Name			
Street Address			· Street Address			
		Zip	.City	State	Zip	
City	State		•			
8. RESIDENT A			anges require filling of Fo			
8. RESIDENT AG	GENT IN RHODE ISLAN		anges require filling of For			
8. RESIDENT AS Agent Name JONATHAN N. SA	GENT IN RHODE ISLAN		Address	rm 642 - R.I.G.L., 7-16-1		
8. RESIDENT AGent Name	GENT IN RHODE ISLAN					

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



File Date 11-19-02

Check No. 14946

By: AMF

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

SES Print or Type Name of Althorized Person

#### To be filed annually between September 1 and November 1



FOR SECRETARY OF STATE USE ONLY

OCT 3 1 2001

File Date:

Check No.:

By:

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 <u>DLLC 108941</u>	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. Savag <b>e,</b> 86 W	eybosset Street, Providence, RI 02903						
3.	The state or other jurisdiction under the law	under the laws of which it is formed is RHODE ISLAND						
4.	The name and address of its resident ager	The name and address of its resident agent is: JONATHAN N. SAVAGE, ESQ.						
	86 WEYBOSSET STREET PROVIDENCE	E RI 02903						
5.		iability company and the name or title of a person to whom communications vage, 86 Weybosset Street, Providence, RI 02903						
6.	A brief statement of the character of the state: To lease, maintain and d	business in which the limited liability company is actually engaged in this						
7.	If the limited liability company has managed Name	rs, the name and address of each manager of the limited liability company  Address						
	None							
Da	nted	Under penalty of perjury, I declare and affirm that I have examined this						
	<b>1</b> 1 11 <b>0</b> 11 <b>0010</b> 1 <b>20</b> 110 10111 <b>010</b> 01 140	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.						
		Benevolent Improvement Associates, L.L.C.						
	ו ט ט ט ט ט ט ט ט ט ט	Exact Name of Limited Liability Company						

DETACH BOTTOM BEFORE RETURNING

Title

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 Telephone (401) 222-3040

### LIMITED LIABILITY COMPANY

ID	Num	ber	DLL	.C 1	08	941

Annual Report for the year 2000

4	The same of the limited little					
1.	The name of the limited liability company is					
	Benevolent Improvement Associates, L.L.C					
2.	2. The address of the principal office of the limited liability company is:					
	c/o Jonathan N. Savage, 86 Weyb	osset 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, SHECHTMAN & HALPERIN 65 PINE STR	RI 02903 SETKRROVIDENCE RIXO2903x				
5.	The current mailing address of the limited li	ability company and the name or title of a person to whom communications				
	may be directed are: Jonathan N. S	Savage, Esq., 86 Weybosset Street,				
	Providence, RI 02903					
6.	A brief statement of the character of the t	pusiness in which the limited liability company is actually engaged in this				
	state: To lease, maintain and de	evelop real estate.				
7.		s, the name and address of each manager of the limited liability company				
	Name	Address				
	None					
	<del></del>					
_						
Dat	ed <u>March 2, 2001</u>	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and				
	0) (10) 00 (0) 00 (0) 00 (0) 00 (0) 00 (0) 00 (0) 00 (0) 00 (0) 00 (0) 00 (0) 00 (0) 00 (0) 00 (0) 00 (0) 00 (0	that all statements contained herein are true and correct.				
	an inom organijamo šam šarovija	Benovolent Improvement Associates, L.L.C.				
	1 U 8 Y 4 1	/Exact Name of Limited Liability Company				
	FILED OR SECRETARY OF STATE USE ONLY					
File I	POR SECRETARY OF STATE USE ONLY Date: MAR 1 6 2001	By				
Chec	k No.: By W	Title				
By:	Just	Form No. 632 Revised 01/99				