

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

| ORM MUST BE TYT ID No. | 2. Exact r | name of the limited li | iabilty company | | | |
|-------------------------------|------------|--|--------------------|---|---------------------------------|--|
| 7042 | Halvors | SON, LLC. 4. Brief description of the character of the business which is actually conducted in Rhode Island | | | | |
| State of Formation | | | | isiness which is actually conducted in Khi | ліс ізшпи | |
| RHODE ISLAND | | REAL PROPERTY | COMNENSHIP | _ | | |
| Principal office add | iress | | · | Ciry | State | Zip |
| 5 PAWTUCKET | AVENUE | , SUITE D | | EAST PROVIDENCE | RI_ | 02916 |
| MAILINGADI | กับสร้างกา | FLIMITED LIA | BILITY COMPAN | YAND NAME OR TITLE OF | ONTACT P | ERSON: |
| ontact Name | OKLOG C. | | | Contact Title | | |
| IANAGER | | | | • <u> </u> | | |
| treet Address | | | | City | State | <i>Zip</i> 02916 |
| 5 PAWTUCKET | AVENUE | | | EAST PROVIDENCE | RI | |
| . NAME AND A | | ETLL IN SPACE | ES REFORE USING A | MITED LIABILITY COMPAN ATTACHMENTS ("X" BOX FOR A | IIACAMENI) | · 🖵 |
| · | ANV MO | DIFICATIONS TO | MANAGERS REQUIR | ES FILING OF AMENDMENT! R.I.G. | L 7-16-12 (a) (| 2) / • 7-16-52 |
| lanager Name | FILT INC | | | •Manager Name | | |
| лилидет Милле DEBORAH J. М | EVERS | | | • | | <u> </u> |
| Street Address | | | | • Street Address | | |
| 55 PAWTUCKET | AVENUE | <u>'</u> | • | • | | <u></u> |
| City | | State | Zip | *City | State | Zip |
| EAST PROVIDE | NCE | RI | 02916 | | | |
| Manager Name | | | | Manager Name | | |
| | | | | | | |
| Street Address | | | | •Street Address | | |
| | | State | Zip | City | State | Zip |
| City | | oldic. | | • | | |
| O DECIDENT'AC | ENT IN DE | ODE ISLAND: | OO NOT ALTER! Chi | inges require filling of Form | 642 'R.I.G. | L. 7-16-11 |
| Agent Name | | | | Address | | |
| JAMES P. REC | DING. ES | 3Q . | | 1500 FLEET CENTER | · | |
| Address | | | | City | | Zip |
| HASLAW, LLC | | | | PROVIDENCE | | 02903 |
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| This report must | be signed | linink byana | uthorized person p | oursuant to 7-16-66. | | 7 PH 4: C8 |
| This report must | be signed | l in ink by an a | uthorized person p | oursuant to 7-16-66. | | 2 |
| This report must | be signed | linink by an a | uthorized person p | pursuant to 7-16-66. | | 2 |
| This report must | be signed | linink by an a | uthorized person p | | | PH 4: C8 |
| This report must | be signed | linink by an a | uthorized person p | Under penalty of periul | y, I declare an | d affirm that I have examined |
| This report must | be signed | linink by an a | uthorized person p | Under penalty of perjui | iy accompanyi | d affirm that I have examined ing schedules and statements, |
| | 9 7 | | uthorized person p | Under penalty of periul | iy accompanyi | d affirm that I have examined ing schedules and statements, |
| *97042 DLLC | 9 7 | | uthorized person p | Under penalty of perjui | iy accompanyi | d affirm that I have examined ing schedules and statements, in are true and correct. |
| | 9 7 | | uthorized person p | Under penalty of perjuithis report, including and that all statements | ny accompanyi contained here | d affirm that I have examined ing schedules and statements, in are true and correct. 12/30/05 |
| *97042 DLLC File Date | 9 7 | | uthorized person p | Under penalty of perjui | ny accompanyi contained here | d affirm that I have examined ing schedules and statements, in are true and correct. |
| *97042 DLLC | 9 7 | | uthorized person p | Under penalty of perjuithis report, including an and that all statements. Signature of Autilorized P | ny accompanyi contained here | d affirm that I have examined ing schedules and statements, in are true and correct. 12/30/05 |
| *97042 DLLC File Date | 9 7 | | uthorized person p | Under penalty of perjuithis report, including and that all statements | ny accompanyi contained here | d affirm that I have examined ing schedules and statements, in are true and correct. 12/30/05 Date |



Sircet Address

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

Zip

02916

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

| Filing Period: Septe | mber 1 | - November 1 • Filing Fee: \$50.00 | | | | |
|--|----------|---|---------------------------------|-------------|--------------|--|
| (FORM MUST BE TYPE | ED OR PI | INTED IN BLACK) | | <u> </u> | | |
| 1. ID No. 97042 | | name of the limited liabilty company rsen, LLC. | | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business wh REAL PROPERTY OWNERSHIP | ich is actually conducted in Ri | node Island | | |
| 5. Principal office address 55 PAWTUCKET | AVENU. | E | AST PROVIDENCE | State RI | Zip 02916 | |
| 6. MAILING ADDI Contact Name MANAGER | RESS (| F LIMITED LIABILITY COMPANY AND | NAME OR TITLE OF | CONTACT PER | son: | |

City

| | PAWTUCKET | | | • | PROVIDENCE | |
|------|-----------|--------------|------------------|-------------------|--|--------------------------|
| 7 N | MEANDAI | DRESS OF EAC | HMANAGER OF | THE LIMITED LIAI | BILITY COMPA | NY, IF APPLICABLE: |
| 30.6 | | SEASON FILL | IN SPACES BEFORE | USING ATTACHMENTS | S. \\\(\frac{1}{2}(\frac{1}{2}X)\) BOX FOR | (<u>АТТАСНМЕ</u> МТ) □: |

| | · Manager Name | | | |
|---------------|------------------|------------------------|--------------------------|--|
| | • Street Address | | | |
| · | | | | |
| | | | | |
| p | *City | State | Zip | |
| 2916 | • | |] | |
| • • • • • • • | *Manager Name | | | |
| | • | | | |
| | ·Street Address | | | |
| ۱ | | City 2916 Manager Name | City State Manager Name | |

| City | State | Zip | | City | State | Zip |
|------------------------|-------------|--------------|-----------|--------------------------|---------------|---------|
| | | | |) | | |
| 8. RESIDENT AGENT IN R | HODE ISLAND | DO NOT ALTER | - Changes | require filing of Form 6 | 42 - R.I.G.L. | 7-16-11 |
| Agent Name | | | - | Address | | |
| JAMES P. REDDING, ESQ. | | | | 1500 FLEET CENTER | | |
| Address | · | | - | City | | Zip |
|] | | | | PROVIDENCE | | 02903 |

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



| *97042 DL | LC 09/28/Q4 03:13:32 PM* |
|-------------|--------------------------|
| File Date | 11/8/04 |
| Check No. | 164257 |
| Check No. | , () |
| B <u>y:</u> | <u></u> |
| 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.

State

RI

Signature of Authorized Person

Redding James 🏲 Print or Type Name of Muthorized Person Date



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, RJ 02903-1335 401.222.3040

IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

| 1. <i>ID No.</i> 97042 | | rsen, LLC. | | | | | |
|---|------------------------|-------------|------------------|--|-------------------|--------------|--|
| 3. State of Formation | | | | usiness which is actually conducted in | Rhode Island | | |
| RHODE ISLAND |) | REAL PROPE | RTY OWNERSHIP | | | | |
| 5. Principal office add 5.5 PAWTUCKET | | E, SUITE D | | City EAST PROVIDENCE | State RI | Zip 02916 | |
| 6. MAILING ADI Consact Name MANAGER | ORESS O | F LIMITED L | IABILITY COMPAN | Contact Title | F CONTACT PE | RSON: | |
| Street Address | - | | - | City | State | Zip | |
| 5 PAWTUCKET | AVENUE | i I | | .EAST PROVIDENCE | RI | 02916 | |
| ANY MODIFICATIONS TO MANAGERS REQUIR fanager Name Deborah J. Meyers | | | · Manager Name | | | | |
| Street Address | | | | · Street Address | | | |
| 55 Pawtucket | Avenue |) | | • | | | |
| City | - | State | Zip | *City | State | Zip | |
| East Provide Manager Name | nce | JRI | 02916 | *Manager Name | | J | |
| Sircet Address | | | | Street Address | | | |
| City | | State | Zip | City | State | Zip | |
| 8. RESIDENT AGI | ENT IN R | HODE ISLAND | DO NOT ALTER- Ch | anges require filing of For | rm 642 · R.I.C.L. | 7-16-11 | |
| lgent Name | JAMES P. REDDING, ESQ. | | | 1500 FLEET CENT | 1500 FLEET CENTER | | |
| | Address | | | City Zip | | Zip | |
| | | | | | | 02903 | |

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



|) | LLC 10/15/03 11:43:26 AM* |
|-----------|---------------------------|
| File Date | W.11.03 |
| Check No. | 154053 |
| Bv: | 2 |
| ~ | ETARY 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.

Date

Print or Type Name of Authorized Person

Form 632 Rev. 6/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, 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 | |
|---|--|
| FORM MUST BE TYPED OR PRINTED IN BLACK) | |
| | |

| 1. 1D No. | ID No. 2. Exact name of the limited liability company | | | | | | |
|----------------------------|---|--|--|--------------------------|--|--|--|
| *97042* | Halvorsen, LLC. | | | | | | |
| 3. State of Formation | 4. Brief descrip | tion of the character of the b ERTY OWNERSHIP | business which is actually conducted in Ri | hode Island | | | |
| RHODE ISLAND | REAL PROP | ERII OMNEKSIIII | | - 1// | 12. | | |
| 5. Principal office addres | | | City | State R I | <i>Zîp</i> 02916 | | |
| 55 PAWTUCKET A | VENUE, SUITE I | O | EAST PROVIDENCE | | | | |
| 6. MAILING ADDR | ESS OF LIMITED | LIABILITY COMPAN | YAND NAME OR TITLE OF | CONTACT PE | RSON <u>:</u> | | |
| Contact Name | | | Contact Title | | | | |
| MANAGER | | | <u>-</u> | | 17: | | |
| Street Address | | | City | State R I | <i>Zip</i> 02916 | | |
| 55 PAWTUCKET A | | | .EAST PROVIDENCE | 1 | ا استا | | |
| 7. NAME AND ADD | RESS OF EACH M | IANAGER OF THE L | IMITED LIABILITY COMPAN | Y, IF APPLIC | ABLE | | |
| | FILL IN S | PACES BEFORE USING | | ATTACHMENT) [| | | |
| | ANY MODIFICATIONS | TO MANAGERS REQUI | RES FILING OF AMENDMENT. R.I.G | .L /-16-12 (a) (2) | 7 7-16-32 | | |
| Manager Name | | | •Manager Name | | | | |
| Deborah J. Mey | ers | | | | | | |
| Street Address | | | • Street Address | * Sireet Address | | | |
| 55 Pawtucket A | venue | | | I e | 12:- | | |
| City | State | Zip | *City | State | Zip | | |
| East Providence | e RI | 02916 | | l | | | |
| Manager Name | | | 'Manager Name | | | | |
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| 8. RESIDENT AGEN | T IN RHODE ISLAN | D-DO NOT ALTER-Ch | anges require filing of Forn | n 642 - R.I. <u>G.L.</u> | 7-16-11 | | |
| JAMES P. REDDI | NG, ESQ. | | 1500 FLEET CENTER | 1500 FLEET CENTER | | | |
| Address | · | | City | | Zip | | |
| HASLAW, LLC | | | PROVIDENCE | | 02903 | | |

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



| *97042 DL | LC10/21/09/u1:15-59 AM* |
|-----------|-------------------------|
| File Date | |
| Check No. | (NOV 0 7 2002, |
| . By: | By (2147124 |
| FOR SECRE | TARY 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 Adhorized Person

11 11 02 Date

James P. Redding

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 97042 | Annual Report for the year 2001 | | | | |
|------------------------|--|---|--|--|--|--|
| 1. | The name of the limited liability company is: | | | | | |
| | Halvorsen, LLC. | | | | | |
| 2. | The address of the principal office of the limited liability company is: | | | | | |
| | 55 Pawtucket Avenue, East Provider | nce, RL 02916 | | | | |
| 3. | The state or other jurisdiction under the | e laws of which it is formed is RHODE ISLAND | | | | |
| 4. | The name and address of its resident a | agent is: JAMES P. REDDING, ESQ. | | | | |
| | HASLAW, LLC 1500 FLEET CENTER | PROVIDENCE RI 02903 | | | | |
| 5. | The current mailing address of the limi | ted liability company and the name or title of a person to whom communications | | | | |
| | may be directed are: Manager | | | | | |
| | 55 Pawtucket Avenue, East Provide | nce, RI 02916 | | | | |
| 7. | state: Real property ownership | the business in which the limited liability company is actually engaged in this largers, the name and address of each manager of the limited liability company Address | | | | |
| | Deborah J. Meyers | 55 Pawtucket Avenue, East Providence, RI 02916 | | | | |
| Da | 9 7 0 4 2 | 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. Halvorsen, LLC Exact Name of Limited Liability Company | | | | |
| | FOR SECRETARY OF STATE USE ONLY Date: /O - 2 2 - 0 / | By Resident Agent | | | | |
| Ву: | eck No.: /3895/ | 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

LIMITED LIABILITY COMPANY

| ID No | umber <u>97042</u> | Annual Report for the year _ | 2000 | | | | | | |
|-------|--|--|-----------------|--|--|--|--|--|--|
| 1. | The name of the limited liability company is: | | | | | | | | |
| | Halvorsen, LLC | | | | | | | | |
| 2. | The address of the principal office of the limit | address of the principal office of the limited liability company is: | | | | | | | |
| | 55 Pawtucket Avenue East Providence, RI | 02916 | | | | | | | |
| 3. | The state or other jurisdiction under the laws | laws of which it is formed is: Rhode Island | | | | | | | |
| 4. | The name and address of its resident agent is: <u>James P. Redding, Esq.</u> | | | | | | | | |
| | 1500 Fleet Center, 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: <u>Manager</u> | | | | | | | | |
| | 55 Pawtucket Avenue East Providence, RI | 02916 | | | | | | | |
| 6. | A brief statement of the character of the b | ousiness in which the limited liability company is actually | engaged in this | | | | | | |
| | · | | | | | | | | |
| 7. | If the limited liability company has managers, the name and address of each manager of the limited liability compar Name Address | | | | | | | | |
| | Deborah J. Meyers | 55 Pawtucket Avenue East Providence, RI 02916 | | | | | | | |
| Dated | | Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and statements contained herein are true and correct. Halvorsen, LLC Exact Name of Limited Liability Company | | | | | | | |
| | JAN 0 3 2001 | Exact Name of Limited Liability Company | <u>,</u> | | | | | | |
| | By 12 132727 | Resident-Agent / | | | | | | | |
| Form | No. LC 10 | Title | | | | | | | |

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 <u>LL 97042</u> | Annual Report for the year 1999 | _ | | | | | | |
| 1. | The name of the limited liability company is: | | | | | | | | |
| | Halvorsen, LLC. | | | | | | | | |
| 2. | The address of the principal office of the lim 55 Pawtucket Avenue, Suite D | ited liability company is: | 101 | \$ 000 m | | | | | |
| 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: GIRARD R. VISCONTI, ESQ. | ون این میر | 27 | | | | | |
| | VISCONTI & BOREN LTD. 55 DORRANCE | 三三三三 | 2.4 | | | | | | |
| | The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Deborah J. Meyers, 55 Pawbucket Avenue, Suite D, East Providence, RI 02916 | | | | | | | | |
| 6. | A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate | | | | | | | | |
| 7. | If the limited liability company has managers Name | iability (| company | | | | | | |
| | Deborah J. Meyers | 55 Pawtucket Avenue, Suite D | | | | | | | |
| | | East Providence, RI 02916 | | | | | | | |
| Da | * 9 7 0 4 2 * | Under penalty of perjury, I declare and affirm that I has report, including any accompanying schedules and that all statements contained herein are true and correct Halvone Library Exact Name of Limited Liability Company | statem | | | | | | |
| File | FOR SECRETARY OF STATE USE ONLY Date: | By Delnat A Mayers | | | | | | | |
| Che | NOV 0 9 1999 (D) (33) | Title Title | Form N | | | | | | |

Filling 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 (00 North Main Street Providence, Rt. Geledatic 02900, 1335) Telephorn (401) 21 2-3040

| LIMITED LIABILITY COMPANY | | | | | | | | |
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| ID | Number Lt. 9/042 | | services hopeet to | 1998 100 mer ans | | | | |
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| | Haiver and LLC | | | , <u></u> | | | | |
| 2. | The address of the principal office of | this en for history of | en, `≥ y IS | | | | | |
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