



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. 113443		2. Exact name of the limited liability company Harris Realty Trust LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 2 SWEET HILL DRIVE		City CUMBERLAND	State RI	Zip 02864-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name TARA LETT CAPUANO		Contact Title Member			
Street Address 2 SWEET HILL DRIVE		City CUMBERLAND	State RI	Zip 02864-	
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 BRIAN LAPLANTE, ESQ.		Address 67 CEDAR STREET, SUITE 102			
Address		City PROVIDENCE	Zip 02903-		

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



113443 DLLC 09/15/05 10:28:34 AM

File Date 9/29/05

Check No. 1278

By: [Signature]

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.

Tara Lett Capuano 9/26/05
Signature of Authorized Person Date

Tara Lett Capuano
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

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1. ID No. 113443		2. Exact name of the limited liability company Harris Realty Trust LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 2 SWEET HILL DRIVE		City CUMBERLAND	State RI
		Zip 02864-	
Contact Name TARA LETT CAPUANO		Contact Title Member	
Street Address 2 SWEET HILL DRIVE		City CUMBERLAND	State RI
		Zip 02864-	
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
*Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
Agent Name BRIAN LAPLANTE, ESQ.		Address 67 CEDAR STREET, SUITE 102	
Address		City PROVIDENCE	Zip 02903-

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



FILED
113443 D.L.C. 0973 04 02 46 PM
MAY 08 2005
by 1160475
GSM
OFFICE OF THE 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.

Tara Lett Capuano
Signature of Authorized Person Date

Tara Lett Capuano
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

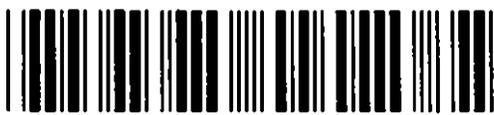
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with multiple sections: 1. ID No. 113443; 2. Exact name of the limited liability company: Harris Realty Trust LLC; 3. State of Formation: RHODE ISLAND; 4. Brief description of the character of the business: REAL ESTATE; 5. Principal office address: 2 Sweet Hill Drive, Cumberland, RI, 02864; 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Tara Lett Capuano, Member; 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY; 8. RESIDENT AGENT IN RHODE ISLAND: BRIAN LAPLANTE, ESQ., 67 CEDAR STREET, SUITE 102, PROVIDENCE, RI 02903.

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



* 1 1 3 4 4 3 *

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.

Tara Lett Capuano
Signature of Authorized Person Date

Tara Lett Capuano
Print or Type Name of Authorized Person

File Date 10/28/03
Check No. 3964
By: [Signature]

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. 113443		2. Exact name of the limited liability company Harris Realty Trust LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 2 Sweet Hill Drive		City Cumberland	State RI
		Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Tara Lett Capuano		Contact Title Member	
Street Address 2 Sweet Hill Drive		City Cumberland	State RI
		Zip 02864	
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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 BRIAN LAPLANTE, ESQ.		Address 67 Cedar Street, Suite 102	
Address 67 CEDAR STREET, SUITE 102		City PROVIDENCE	Zip 02903-

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



File Date	11-13-02
Check No.	3035
By:	<i>[Signature]</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.

Tara Lett Capuano
Signature of Authorized Person Date

Tara Lett Capuano
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 113443

Annual Report for the year 2001

1. The name of the limited liability company is:

Harris Realty Trust LLC

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

2 Sweet Hill Drive, Cumberland, Rhode Island 02864

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: BRIAN LAPLANTE, ESQ.

260 West Exchange Street, Suite 310, 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: 2 Sweet Hill Drive Cumberland, Rhode Island 02864

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, the name and address of each manager of the limited liability company

Name

Address

Dated 2/13/02

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.



1 1 3 4 4 3

Harris Realty Trust, LLC

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

File Date:

FILED

Check No.:

MAR 14 2002

By:

By [Signature]

By Tara Lett Capuano

Tara Lett Capuano

Member

Title

Form No. 632
Revised 01/99

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