

## 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: Septe	mber 1 -	November I 🔹 🔹	Filing Fee: \$50.00	REPORT FOR TH	L YEAK	2005	
FORM MUST BE TYPE				<u>.                                    </u>			
1. ID No		name of the limited liabili	ty company				
133443	ALOPE	EX HOLDINGS, LLC					
3. State of Formation  4. Brief description of the character of the business wh  OWNERSHIP AND MANAGEMENT OF REA				nd			
5. Principal office addre	zz			City	State	Zip	
45 All American Way, P.O. Box 398			North Kingstown	RI	02852		
6. MAILING ADDR	ESS OF L	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PER	SON:		
James R. Fox			Contact Title Member				
Street Address P.O. Box 39	P.O. Box 398			North Kingstown	State RI	<sup>Z/p</sup> 02852	
AN Manager Name NONE	Y MODI		BEFORE USING ATTAC AGERS REQUIRES FII	CHMENTS ("X" BOX FOR A ING OF AMENDMENT, R.I.G.  Manager Name			
Street Address	•			Street Address			
City	_	State	Zip	City	City State		
Manager Name	••••••	***************************************	J	Manager Name	l		
Street Address		<u> </u>		Street Address		·	
				<del></del>			
City		State	Z\$p	City	State	Zip	
City  8. RESIDENT AGEN  Agent Name	T'IN'RH			require filling of Form 642	1	i `	
8. RESIDENT AGEN	IT'IN'RH			require filling of Form 642	1	i `	
8. RESIDENT AGEN	IT IN RH			require filling of Form 642	1	i `	

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

File Date 9 7 05 *133443*	
Check No 267	
Ву:ДА	
FOR SECRETARY OF STATE USE ONLY	

Inder penalty of perjury, I declare and affi neluding any accompanying schedules an contained heppingare true and correct.	
////hus	9-1-05
ignajuge of Authorized Person	Date
/ James R. Fox	
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

2004

Filing Period: September 1 (FORM MUST BE TYPED OR PRI		• Filing Fee: \$50.	.00		<del></del>			
1. ID No 2. Exa	EX HOLDINGS, I				•			
3. State of Formation	4. Brief description	4. Brief description of the character of the histness which is actually conducted in Rhode Island						
RHODE ISLAND	Ownershi	p and managemen	nt of real estate					
5. Principal office address 45 All American Way, P.O. Box 398		City North Kingstown	State RI	2 <i>tp</i> 02852				
1	LIMITED LIABI	LITY COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON:	•			
James R. Fox			Contact Title  Member	• • • • • • • • • • • • • • • • • • • •				
Street Address			City	State	Zip			
45 All American W			North Kingstown	RI	02852			
7. NAME AND ADDRESS C			D LIABILITY COMPANY, IF APPLICA					
ANY MOI	FILL IN SP. DIFICATIONS TO	ACES BEFORE USING MANAGERS REOLLI	ATTACHMENTS ("X" BOX FOR A RES FILING OF AMENDMENT, R.I.G	NTTACHMENT	) [] 5) (2) / <b>7</b> -16-52			
Manager Name			Manager Name	, 10 11 (	., (2), , , , , , , , , , , , , , , , , , ,			
None			and the second					
Street Address		<del></del>	Street Address		<del></del>			
City	State	Ζφ	City	State	Zip			
Manager Name		Manager Name	Manager Name					
Sircet Address		Simon Address	Sirret Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT IN R	HODE ISLAND	DO NOT ALTER - CI	hanges require filing of Form 642	- R.I.G.L. 7-1	  6-11			
Agent Name			Address					
JAMES R. FOX								
Address		City	City Zip					
45 ALL AMERICAN WAY			NORTH KINGSTOWN	1 '				
				-	. <u> </u>			

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

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File Date	9	9	104			
Check No.		4	96			
ву:ОА						
FOR SECRETARY OF STATE USE ONLY						

Under penalty of perjury, I declare and affil neluding any accompanying schedules and		
contained hereingare true and correct.		
Mohu	9/7	04
ignature of Authorized Person	Date	
James R Fox		
Print or Type Name of Authorized Person		