



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. 109272		2. Exact name of the limited liability company Ellen H. Frankel Realty LLC			
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, FINANCE, ACQUIRE, MAINTAIN AND SELL REAL AND PERSONAL PROPERTY			
5. Principal office address 750 Reservoir Avenue			City Cranston	State RI	Zip 02910
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Ellen H. Frankel			Contact Title Member		
Street Address 750 Reservoir Avenue			City Cranston	State RI	Zip 02910
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 GARY R. PANNONE, ESQ.			Address		
Address ONE FINANCIAL PLAZA, SUITE 1800			City PROVIDENCE	Zip 02903	

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



109272

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.

FILED	
File Date	NOV 16 2005
Check No.	
By:	<i>[Signature]</i>
FOR SECRETARY OF STATE USE ONLY	

[Signature]
 Signature of Authorized Person Date

Ellen H. Frankel
 Print or Type Name of Authorized Person



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)

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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Ellen H. Frankel, M.D.			Contact Title Member		
Street Address 750 Reservoir Avenue		City Cranston	State RI	Zip 02910	
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Manager Name None			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name GARY R. PANNONE, ESQ.			Address		
Address ONE FINANCIAL PLAZA, SUITE 1800			City PROVIDENCE	Zip 02903	

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



* 1 0 9 2 7 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.

FILED	
File Date	OCT 07 2004
Check No.	By M47140
By:	
FOR SECRETARY OF STATE USE ONLY	

Ellen H. Frankel 10/4/04
Signature of Authorized Person Date

Ellen H. Frankel
Print or Type Name of Authorized Person



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. 109272		2. Exact name of the limited liability company Ellen H. Frankel Realty LLC			
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, FINANCE, ACQUIRE, MAINTAIN AND SELL REAL AND PERSONAL PROPERTY			
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Ellen H. Frankel			Contact Title Member		
Street Address 750 Reservoir Avenue		City Cranston	State RI	Zip 02910	
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 GARY R. PANNONE, ESQ.			Address		
Address ONE FINANCIAL PLAZA, SUITE 1800			City PROVIDENCE	Zip 02903	

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



* 1 0 9 2 7 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.

File Date	<u>9-16-03</u>
Check No.	<u>1005 / M 600</u>
By:	<u>EMC</u>
FOR SECRETARY OF STATE USE ONLY	

Ellen H. Frankel 9/15/03
Signature of Authorized Person Date
Ellen H. Frankel
Print or Type Name of Authorized Person



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 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 109272		2. Exact name of the limited liability company Ellen H. Frankel Realty LLC	
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, FINANCE, ACQUIRE, MAINTAIN AND SELL REAL AND PERSONAL PROPERTY	
5. Principal office address 750 Reservoir Avenue		City Cranston	State RI
		Zip 02910	
Contact Name Ellen H. Frankel		Contact Title Member	
Street Address 750 Reservoir Avenue		City Cranston	State RI
		Zip 02910	
Manager Name None		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	City	State	Zip
Manager Name	Manager Name	Street Address	Street Address
City	State	Zip	City
State	City	State	Zip
Agent Name GARY R. PANNONE, ESQ.		Address	
Address ONE FINANCIAL PLAZA, SUITE 1800		City PROVIDENCE	Zip 02903

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



* 1 0 9 2 7 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.

Ellen H. Frankel 7-3-03

Signature of Authorized Person

Date

Ellen H. Frankel

Print or Type Name of Authorized Person

7-8 03
ISS/
ICP

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 109272

Annual Report for the year 2001

1. The name of the limited liability company is:

Ellen H. Frankel Realty LLC

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

750 Reservoir Avenue, Cranston, RI 02910

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: GARY R. PANNONE, ESQ.

1800 BANKBOSTON PLAZA 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: 750 Reservoir Avenue, Cranston, RI 02910

Ellen H. Frankel

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To own, operate, finance, acquire, maintain and sell real and personal property.

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

Name

Address

N/A

Dated August 27, 2001

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.



Ellen H. Frankel Realty LLC
Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

File Date: 9/25/2001

Check No.: 1001

By: [Signature]

By

Ellen H. Frankel
Sole 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