



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. 126247		2. Exact name of the limited liability company Dean Acquisition, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, OWN, FINANCE, REFINANCE, OPERATE, MANAGE, LEASE SELL OR OTHERWISE DISPOSE OF REAL ESTATE.			
5. Principal office address 1 JOHN C. DEAN MEMORIAL BOULEVARD		City CUMBERLAND	State RI	Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name BRADFORD A. DEAN		Contact Title MANAGER			
Street Address 1 JOHN C. DEAN MEMORIAL BOULEVARD		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 BRADFORD A. DEAN		Manager Name			
Street Address 16 JASON'S GRANT DRIVE		Street Address			
City CUMBERLAND	State RI	Zip 02864	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 J. SPERO, ESQ.		Address 180 SOUTH MAIN STREET			
Address PARTRIDGE, SNOW & HAHN, LLP		City PROVIDENCE		Zip 02903	

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



1 2 6 2 4 7

\*126247 DLLC 09/19/05 05:17:01 PM\*

File Date **FILED**

Check No. **NOV 07 2005**

By: **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.

**Bradford A. Dean** 11:305  
Signature of Authorized Person Date  
**BRADFORD A. DEAN**  
Print or Type Name of Authorized Person



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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 126247		2. Exact name of the limited liability company Dean Acquisition, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Acquire, own, finance, refinance, operate, manage, lease, sell or otherwise dispose of real estate	
5. Principal office address 1 John C. Dean Memorial Boulevard		City Cumberland	State RI
		Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Bradford A. Dean, Sr.		Contact Title Manager	
Street Address 1 John C. Dean Memorial Boulevard		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 Bradford A. Dean, Sr.		Manager Name	
Street Address 16 Jason's Grant Drive		Street Address	
City Cumberland	State RI	City	State
Zip 02864		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 J. SPERO		Address Partridge, Snow & Hahn, LLP	
Address 69180 SOUTH MAIN STREET		City PROVIDENCE	Zip 02903

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

File Date	<b>FILED</b>
Check No.	<b>DEC 03 2004</b>
By	<b>BV</b>
FOR SECRETARY OF STATE USE ONLY	

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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.

**Bradford A. Dean** 10.27.04  
Signature of Authorized Person Date  
**BRADFORD A. DEAN**  
Print or Type Name of Authorized Person



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Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
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# 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 <b>126247</b>		2. Exact name of the limited liability company <b>Dean Acquisition, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island			
5. Principal office address 1 John C. Dean Memorial Boulevard		City Cumberland	State RI	Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
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Street Address 1 John C. Dean Memorial Boulevard		City Cumberland	State RI	Zip 02864	
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Manager Name Bradford A. Dean, Sr.			Manager Name		
Street Address 16 Jason's Grant Drive			Street Address		
City Cumberland	State RI	Zip 02864	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 J. SPERO, ESQ.			Address PARTRIDGE, SNOW & HAHN, LLP		
Address 180 SOUTH MAIN STREET			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 2 6 2 4 7 \*

File Date	<u>10.31-03</u>
Check No.	<u>118208</u>
By:	<u>2c</u>
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.

Bradford A. Dean 10.27.03  
Signature of Authorized Person Date  
BRADFORD A. DEAN  
Print or Type Name of Authorized Person