

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 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 TYPE	D OR PRINTED II	BLACK)					
1. ID No. 126247	2. Exact name of a Dean Acquisit	he limited liabilty compon, LLC	pany				
3. State of Formation	4. Brief d	escription of the charac	ter of the business	which is actually conducte	d in Rhode Island		
			•	NCE, OPERATE, MANAGE, LEASE SELL OR OTHERWISE DISPOSE			
5. Principal office addre	33			City	State		Zip
1 JOHN C. DEAN MEMORIAL BOULEVARD			CUMBERLAND	RI		02864	
6: MATLING ADDI Contact Name BRADFORD A. DI		ED LIABILITY (Contact Title MANAGER	OF CONTACT P	ERSON	
Street Address			-	City	State	Ţ	Zip
1 JOHN C. DEAN	MEMORIAL E	OULEVARD		CUMBERLAND	RI		02864
	ANY MODIFICAT	IN SPACES BEFORE	S REQUIRES FIL	D LIABILITY COM HMENTS ("X" BOX LING OF AMENDMENT. Manager Name	FOR ATTACHMENT,		
Street Address			-	• Sireei Address			
16 JASON'S GRA	NT DRIVE			•			
City	State	Zip		*City	State		Zip
CUMBERLAND	RI	0286	4	•			
Manager Name			• • • • • • •	Manager Name	!		• • • • • • • • •
Street Address				·Street Address			
City	State	Zip		,City	State		Zip
				•			
8. RESIDENT AGEN	TIN RHODE IS	LAND DO NOTAL	TER-Changes	require filing of I	Form 642 R.I.G.	. 7-16-11	通过连续
Agent Name				Address			
BRIAN J. SPERO	, ESQ.			180 SOUTH MAIN	N STREET		
Address				City	Zip		
PARTRIDGE, SNO	NHAH & WC	LLP		PROVIDENCE	02903		
							

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



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

File Date FILED

Check No. NOV 0 7 2005

By: By 9/5

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 Authorized Person Date

BRADFORD A. DEAN

Print or Type Name of Authorized Person



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

LIMITED LI Filing Period: Septe	ABILITY C	OMPANY AN	NUAL REPORT FO	OR THE YEAR	R 2004	
(FORM MUST BE TYPE	D OR PRINTED IN R	IACID	0.00			
1. ID No. 126247	2. Exact name of the	imited liability company quisition, LLC				
3. State of Formation RHODE ISLAN	D Acquir	ipplon of the character of the e, own, finance wise dispose o	business which is actually conducted e, refinance, operat	in Rhode Island ce, manage, lea	se, sell or	
5. Principal office addre	ដ ្ឋ ប្រជាជា	wise dispose o.	Cin	State		
	ean Memorial		Cumberland	RI	Zip 02864	
6 MAILING ADDR	LSS OF LIMITE	LIABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT PEDE	ON:	
Bradford A.			Contact Title Manager	OT GOSTAGE FERS	ON:	
Street Address 1 John C. D	ean Memorial	Boulevard	Ciny Cumberland	State RI	Zip 02864	
Manager Name	ANY MODIFICATION	SPACES BEFORE USING	LIMITED LIABILITY COMI ATTACHMENTS FX" BOX F IRES FILING OF AMENDMENT, R "Manager Name	OR ATTAC RIMENTS (To		
Bradford A.	Dean, Sr.		•			
Street Address 16 Jason's	Grant Drive		Street Address			
Ciny Cumberland	State R I	2 <i>ip</i> 02864	*City	State	Zip	
Manager Name	• • • • • • • • •	•••••••	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGEN	I'IN RHODE ISLA	ND -DO NOT ALTER- Ch	singes require filling of Fo	040 040		
Agent Name			Address	rm 642 - R.J.GL.,7-16-	11	
BRIAN J. SP	ERO			ge, Snow & Hah	n, LLP	
Address			City	Zip		
fg180 SOUTH MAIN STREET			PROVIDENCE	·		

U:\Everyone\corpdata\Copy of 2003 RI LLC Annual Report Form.doc

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

	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 FILED	Boad ford Alean 10.27.08 Signature of Authorisis Person Daie
Check No. DEC-03 2004	
FOR SECRETARY OF STATE USE DIVILY	Print or Type Name of Authorized Person
4-6/9	Form 632 Rev. 6/02



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

Corporations Division 100 North Main Street Providence, RI 02903-1335

Matthew A. Brown, Secretary of State

401.222.3040

IMITED LIABILITY	COMPANY	ANNUAL REPOR	T FOR THE	YEAR	2003

1. ID No	2. Exact name of the limite	2. Exact name of the limited liability company					
126247	Dean Acqusition	Dean Acquisition, LLC					
3 State of Formation	4. Brief description	on of the character of the hustra	ess which is actually conducted in Rhode	· Island			
BUODE ICI AND							
RHODE ISLAND	<u>_</u>		- Cris		- T.:-		
5. Principal office address 1 John C. Dean Memorial Boulevard			Cumberland	State RI	7 <i>Ip</i> 02864		
5. MAILING ADDR	ESS OF LIMITED LIABI	LITY COMPANY AND N	I AME OR TITLE OF CONTACT	PERSON.	ı		
Contact Name			: Contact Title	FERSON:			
Bradford A.	Dean, Sr.		Manager				
Street Address			City	State	7/0		
1 John C. D	ean Memorial Bou	levard	Cumberland	RI	7.tp 02864		
NAME AND ADI	DESS OF EACH MANA	CED OF THE LOWERS	:		Ι ,		
. HAME AND ADI			LIABILITY COMPANY, IF APPL TTACHMENTS <i>("X" BOX FO</i>		rı 🗆		
A	NY MODIFICATIONS TO	D MANAGERS REQUIRE	S FILING OF AMENDMENT, R.	n <i>Al IACHINEN</i> : I.G.L. 7·16·12 ('/ □ a) (2) / 7·16·52		
Manager Name					:		
					•		
Bradford A.	Dean, Sr.		Manager Name		•		
Bradford A.	Dean, Sr.				- ·		
Bradford A.	<u> </u>		Street Address				
Bradford A. Street Address 16 Jason's	Grant Drive	I 7:5	Street Address				
Bradford A. Street Address 16 Jason's Gity	Grant Drive	7.ip 02864		State	Zijo		
Bradford A. Start Address 16 Jason's City Cumberland	Grant Drive	Zip 02864	Street Address City	State	Zip		
Bradford A. Street Address 16 Jason's Gity	Grant Drive		Street Address	State	Zip		
Bradford A. Street Address 16 Jason's City Cumberland Manager Name	Grant Drive		Street Address City	State	Zip		
Bradford A. Start Address 16 Jason's City Cumberland	Grant Drive		Street Address City Manager Name	State	Zip		
Bradford A. Street Address 16 Jason's City Cumberland Manager Name	Grant Drive		Street Address City Manager Name	State State State			
Bradford A. Street Address 16 Jason's City Cumberland Manager Name Street Address City	Grant Drive State RI State	02864 Zip	Street Address City Manager Name Street Address City	State	ZIp		
Bradford A. Street Address 16 Jason's City Cumberland Manager Name Street Address City 8. RESIDENT AGE	Grant Drive State RI State	02864 Zip	Street Address City Manager Name Street Address	State	ZIp		
Bradford A. Street Address 16 Jason's City Cumberland Manager Name Street Address City	Grant Drive State RI State	02864 Zip	Street Address City Manager Name Street Address City	State	ZIp		
Bradford A. Street Address 16 Jason's City Cumberland Manager Name Street Address City 8. RESIDENT AGE	State RI State RI State	02864 Zip	Street Address City Manager Name Street Address City nges require filing of Form 6	State 42 - R.I.G.L. 7-	ZIp		
Bradford A. Street Address 16 Jason's 16 Jason's City Cumberland Manager Name Street Address City 8. RESIDENT AGE Agent Name	State RI State RI State	02864 Zip	Street Address City Manager Name Street Address City nges require filing of Form 6 Address	State 42 - R.I.G.L. 7-	Zip		
Bradford A. Street Address 16 Jason's City Cumberland Manager Name Street Address City B. RESIDENT AGE Agent Name BRIAN J. SPERO, ES	State State State State NT IN RHODE ISLAND	02864 Zip	Street Address City Manager Name Street Address City nges require filing of Form 6 Address PARTRIDGE, SNOW & HAF	State 42 - R.I.G.L. 7-	ZIp		

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 _	10.31-03
Check No	. 118208
Ву:	de
FC	OR 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.

FRA & fn L B Kan 10.27.03
Signature of Authoriza Person Dute