



**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. 110548		2. Exact name of the limited liability company KSL Realty North Providence, 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 HOLDING COMPANY.			
5. Principal office address 1405 DOUGLAS AVE.		City NO. PROVIDENCE	State RI	Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOHN HARONIAN			Contact Title PRESIDENT		
Street Address 1405 DOUGLAS AVE.		City NO. PROVIDENCE	State RI	Zip 02904	
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 JOHN HARONIAN			Manager Name EMILY HARONIAN		
Street Address 1405 DOUGLAS AVE.			Street Address 1405 DOUGLAS AVE.		
City NO. PROVIDENCE	State RI	Zip 02904	City NO. PROVIDENCE	State RI	Zip 02904
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 JOHN HARONIAN			Address		
Address 1405 DOUGLAS AVENUE			City NORTH PROVIDENCE	Zip 02904	

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



File Date 9/28/05 110548\*

Check No. 2364

By: Ch

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.

John Haronian 9/21/05  
Signature of Authorized Person Date

JOHN HARONIAN  
Print or Type Name of Authorized Person



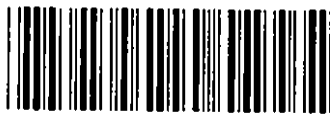
**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2004

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1. ID No <b>110548</b>		2. Exact name of the limited liability company <b>KSL Realty North Providence, 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 <b>REAL ESTATE HOLDING COMPANY.</b>			
5. Principal office address <b>1405 DOUGLAS AVE.</b>		City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>JOHN HARONIAN</b>			Contact Title <b>PRESIDENT</b>		
Street Address <b>1405 DOUGLAS AVE.</b>		City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	
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 <b>JOHN HARONIAN</b>			Manager Name <b>EMILY HARONIAN</b>		
Street Address <b>1405 DOUGLAS AVE.</b>		Street Address <b>1405 DOUGLAS AVE.</b>			
City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
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 <b>JOHN HARONIAN</b>			Address		
Address <b>1405 DOUGLAS AVENUE</b>		City <b>NORTH PROVIDENCE</b>		Zip <b>02904</b>	

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



\* 1 1 0 5 4 8 \*

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.

*John Haronian* 9/16/04  
Signature of Authorized Person Date

**JOHN HARONIAN**

Print or Type Name of Authorized Person

File Date 10/6/04  
Check No. 2010  
By: JH  
FOR SECRETARY OF STATE USE ONLY



**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>110548</b>		2. Exact name of the limited liability company <b>KSL Realty North Providence, 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 <b>REAL ESTATE HOLDING COMPANY.</b>			
5. Principal office address <b>1405 DOUGLAS AVE.</b>		City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>JOHN HARONIAN</b>			Contact Title <b>PRESIDENT</b>		
Street Address <b>1405 DOUGLAS AVE.</b>		City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE 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 <b>JOHN HARONIAN</b>			Manager Name <b>EMILY HARONIAN</b>		
Street Address <b>1405 DOUGLAS AVE.</b>			Street Address <b>1405 DOUGLAS AVE.</b>		
City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>NORTH PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
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 <b>JOHN HARONIAN</b>			Address		
Address <b>1405 DOUGLAS AVENUE</b>			City <b>NORTH PROVIDENCE</b>		Zip <b>02904</b>

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



\* 1 1 0 5 4 8 \*

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.

*John Haronian* 9/12/03  
Signature of Authorized Person Date

**JOHN HARONIAN**

Print or Type Name of Authorized Person

File Date 10/1/03  
Check No. 1522  
By: JH  
FOR SECRETARY OF STATE USE ONLY



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. *110548*		2. Exact name of the limited liability company KSL Realty North Providence, 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 HOLDING COMPANY.			
5. Principal office address 1405 DOUGLAS AVENUE		City NORTH PROVIDENCE	State RI	Zip 02904-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name JOHN HARONIAN		Contact Title PRESIDENT			
Street Address 1405 DOUGLAS AVE.		City NORTH PROVIDENCE	State RI	Zip 02904-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT ( ) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 15-11-10 (C), 7-16-02					
Manager Name JOHN HARONIAN		*Manager Name EMILY HARONIAN			
Street Address 1405 DOUGLAS AVE		*Street Address 1405 DOUGLAS AVE			
City NORTH PROVIDENCE	State RI	Zip 02904	*City NORTH PROVIDENCE	*State RI	*Zip 02904
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 842, R.I.G.L. 15-11-1					
Agent Name JOHN HARONIAN		Address 1405 DOUGLAS AVENUE			
Address *		City NORTH PROVIDENCE		Zip 02904-	

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



\* 1 1 0 5 4 8 \*

\*110548 DLLLC11/8/0210:25:32 AM\*

File Date: 11-12-02

Check No: 1304

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.

[Signature] 11/1/02

Signature of Authorized Person Date

JOHN HARONIAN

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 110548

Annual Report for the year 2001

1. The name of the limited liability company is:

KSL Realty North Providence, LLC

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

1405 Douglas Ave., North Providence, RI 02904

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: JOHN HARONIAN

1405 DOUGLAS AVENUE NORTH PROVIDENCE RI 02904-

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: John Haronian

1405 Douglas Ave., North Providence, RI 02904

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: real estate holding company

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

Name	Address
<u>John Haronian</u>	<u>1405 Douglas Ave., North Providence, RI 02904</u>
<u>Emily Haronian</u>	<u>1405 Douglas Ave., North Providence, RI 02904</u>

Dated 9-1-01

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.



KSL Realty North Providence, LLC  
Exact Name of Limited Liability Company

By: [Signature] (X) JH  
President  
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-14-01</u>
Check No.:	<u>989</u>
By:	<u>[Signature]</u>

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