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

ORM MUST BE TY	PED OR PRI	NTED IN BLA	CK)			
. ID No.			ited liabilty company			<u></u> -, ,
98348	Alchem	nie Investme	ents II, LLC			
State of Formation 4. Brief description of the character of the bus				business which is actually conducted	in Rhode Island	
RHODE ISLAND		INVESTING			<u> </u>	
. Principal office add	ress		· ·	City	State	Zip
339-C MINIST	ERIAL RO	OAD		WAKEFIELD	RI	02879
. MAILING ADI	RESS OF	FLIMITED	LIABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT PE	RSON:
ontact Name				Contact Title		•
DAVID CO	RVESE			•		
treet Address				City	State	Zip
39-C MINISTE	RIAL RO	AD		WAKEFIELD	RI	02879-
anager Name	ANY MO	LILI; IN SI	PACES BÉFORE USING	IMITED LIABILITY COM ATTACHMENTS (-X-BOX/) RES FILING OF AMENOMENT. I Manager Name	OR ATTACHNENT) 🛚	∯
anager Name	ANY MO	LILI; IN SI	PACES BÉFORE USING	ATTÄCHMENTS (***** BOX!! RES FILING OF AMENOMENT. I	OR ATTACHNENT) 🛚	∯
anager Name David Correct Address	ANY MO	PILI; IN SI	PACES BÉFORE USING	ATTÀCHMENTS (-X-BOX) RES FILING OF AMENOMENT. I • Manager Name •	OR ATTACHNENT) 🛚	∯
anager Name David Correct Address 39-C Minist	ANY MO	PILI; IN SI	PACES BÉFORE USING	ATTÀCHMENTS (-X-BOX) RES FILING OF AMENOMENT. I • Manager Name •	OR ATTACHNENT) 🛚	∯
anager Name David Correct Address 39-C Minist	ANY MO	Filly; IN,SI DIFICATIONS	PACĖŠ BĖFORE USING TO MANAGERS REQUI	ATTÀCHMENTS ("X" BOX'I RES FILING OF AMENOMENT. I • Manager Name • Street Address	:OR АТТНСН::ìВ:\YT) [R.I.G.L 7-16-12 (a) (2)	/ 7-16 <u>-</u> 52
lanager Name David Correct Address 39-C Minist ity Takefield	ANY MO	FILL; IN, SI DIFICATIONS Dad Dad State	PACES BEFORE USING TO MANAGERS REQUI	ATTÀCHMENTS ("X" BOX'I RES FILING OF AMENOMENT. I • Manager Name • Street Address	:OR АТТНСН::ìВ:\YT) [R.I.G.L 7-16-12 (a) (2)	/ 7-16 <u>-</u> 52
Canager Name David Correct Address 39-C Minist Try Takefield Annager Name	ANY MO	FILL; IN, SI DIFICATIONS Dad Dad State	PACES BEFORE USING TO MANAGERS REQUI	ATTACHMENTS (-X BOX/1) RES FILING OF AMENOMENT. I Manager Name Street Address City	:OR АТТНСН::ìВ:\YT) [R.I.G.L 7-16-12 (a) (2)	/ 7-16 <u>-</u> 52
Janager Name David Correct Address 39-C Minist Other Manager Name Other Manager Name Other Manager Name Other Manager Name	ANY MO	FILL; IN, SI DIFICATIONS Dad Dad State	PACES BEFORE USING TO MANAGERS REQUI	ATTACHMENTS ("X" BOX'II RES FILING OF AMENOMENT. I Manager Name Street Address City Manager Name	:OR АТТНСН::ìВ:\YT) [R.I.G.L 7-16-12 (a) (2)	/ 7-16 <u>-</u> 52
anager Name David Correct Address 39-C Minist ity Takefield danager Name treet Address	ANY MO	FILL; IN, SI DIFICATIONS Dad State RI State	Zip 02879	ATTIACHMENTS ("X" BOX'II RES FILING OF AMENOMENT. I Manager Name Street Address City Street Address City City	State	Zip
anager Name David Correct Address 39-C Ministrative Takefield Sanager Name Treet Address	ANY MO	FILL; IN, SI DIFICATIONS Dad State RI State	Zip 02879	ATTACHMENTS ("X" BOX'II RES FILING OF AMENOMENT. I Manager Name Street Address City Manager Name Street Address	State	Zip
anager Name David Correct Address 39-C Ministrily akefield fanager Name treet Address	ANY MO	FILL; IN, SI DIFICATIONS Dad State RI State	Zip 02879	ATTACHMENTS ("X" BOX'II RES FILING OF AMENOMENT. I Manager Name Street Address City Street Address City City The Address City The Address The Address	State	Zip
Janager Name 2. David Correct Address 339-C Minist City Nakefield Janager Name Street Address	ANY MO	FILL; IN, SI DIFICATIONS Dad State RI State	Zip 02879	ATTACHMENTS ("X" BOX'II RES FILING OF AMENOMENT. I Manager Name City Manager Name Street Address City City Address	State State State	Zip

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.

Signature of Authorized Person

10/19/05

E. David Corvese Print or Type Name of Authorized Person

98348 DLLC 10/17/05 11:12:01 AM File Date Check No. FOR SECRETARY OF STATE USE ONLY



IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

I, ID NO.	FORM MUST BE TYPED OR PRINTED IN BLACK) 1. ID No. 2. Exact name of the limited liabilty company					
98348 Alchemie Investments II, LLC						
3. State of Formation	4. Bric,	description of th	ie character of the b	ousiness which is actually conducted	d in Rhode Island	
RHODE ISLANI	ZMVE	STING				
5. Principal office address 839-C MINISTERIAL ROAD				City WAKEFIELD	State RI	<i>Zip</i> 02879
6. MAILING AD	DRESS OF LIM	ITED LIABI	LITY COMPAN	Y AND NAME OR TITLE	OF CONTACT P	ERSON:
Contact Name	RVESE			Contact Title		
Street Address				City	State	Zip
839-C MINIST	ERIAL ROAD			.WAKEFIELD	RI	02879-
· · · · · · · · · · · · · · · · · · ·				RES FILING OF AMENDMENT.		<u> </u>
Manager Name				• Manager Name		
Manager Name E. David Cor				• Manager Name •	· · · · · · · · · · · · · · · · · · ·	·
E. David Cor Street Address	vese					
E. David Cor Street Address 839-C Minist	vese erial Road			• Manager Name • • • Street Address		
E. David Cor Street Address 839-C Minist City	vese erial Road State		Zip	• Manager Name •	State	Zip
E. David Cor Street Address 839-C Minist	vese erial Road			• Manager Name • • • Street Address		
E. David Cor Street Address 839-C Minist City Wakefield	vese erial Road State		Zip	• Manager Name • Street Address • City		
E. David Cor Street Address 839-C Minist City Wakefield Manager Name Street Address	vese erial Road State		Zip	Manager Name Street Address City Manager Name		
E. David Cor Street Address 839-C Minist City Wakefield Manager Name Street Address City	vese erial Road State RI State	•••••	Zip 02879 	Manager Name Street Address City Manager Name Street Address	State State	Ziρ
E. David Cor Street Address 839-C Minist City Wakefield Manager Name Street Address City 8. RESIDENT AG	vese erial Road State RI State	•••••	Zip 02879 	Manager Name Street Address City Manager Name Street Address	State State	Ziρ
E. David Cor Street Address 839-C Minist City Wakefield Manager Name Street Address City	vese erial Road State RI State RI State	•••••	Zip 02879 	Manager Name Street Address City Manager Name Street Address City	State State	Ziρ
E. David Cor Street Address 839-C Minist City Wakefield Manager Name Street Address City 8. RESIDENT AG Agent Name	vese erial Road State RI State RI State	•••••	Zip 02879 	Manager Name Sireet Address City Manager Name Street Address City Address	State State	Ziρ

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



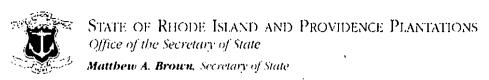
98348 DL	LC 10/07/04 12:25:06 PM
File Date	10(18)04
Check No.	3013
Β <u>ν:</u>	<u>(</u> Δ,
FOR SECRET	TARY OF STATE USE ONLY

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 of Authorized Person Date

E. David Corvese

Print or Type Name of Authorized Person



Corporations Division 100 North Main Street Providence, RI 02993-1335 401-222 3040

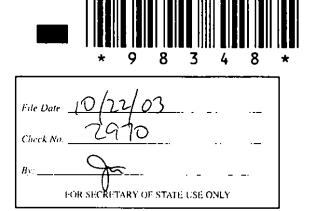
2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

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

(FORM MUST BI	E TYPED OR PRIN	TED IN BLACK)					
1 ID No	2 Ixact	name of the limited hab					
98348		Alchemie Investment				•	
3 State of Formation 4 Brief description of the character of the business whi				uch is actually conducted in Rhode Islan	rd		
RHODE ISLA	ND	INVESTING					
5 Principal offi	co address 839-	C Ministerial R	oad	City Wakefield	State	RI	^{Zφ} 02879
6. MAILING	ADDRESS OF L	IMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERS	SON:	'	
Contact Name	E. D	avid Corvese		Contact Title Manager			
Street Address	839-	C Ministerial R	oad	City Wakefield	State	RI	^{Δφ} 02879
7. NAME AN		FILL IN SPACES	S BEFORE USING ATTA	: ILITY COMPANY, IF APPLICAL CHMENTS	TACHMENT)	_	-52
Manager Name	E. David Co	orvese		Manager Name			
Street Address	839-C Mini	sterial Road		Street Address			
City	Wakefield	State RI	^{Zip} 02879	City	State		Ζφ
Manager Name		***************************************	•••••••••••	Manager Name	•		
Street Address				Street Address			
City		State	<i>Z</i> . ϕ	Cuy	State		Ζφ
8. RESIDENT Agent Name ROBERT C. B		, ode island - do	NOT ALTER - Changes	require filing of Form 642 - Address	R.I.G.L. 7-1	6-11	•
Address 21 SURF DRIV	/E			Gity BRISTOL		Ζφ 02809-	

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

Signature of Authorized Person Date
E. David Corvese



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, R1 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 1						
I. ID No. 98348	2. Exact name of the lin Alchemie Investmen					
3. State of Formatio RHODE ISLAN	on 4. Brief descrip	tion of the character of the bu	business which is actually conducted in Rhode Island			
. Principal office o	839-C Ministeri	al Road	City Wakefield	State	RI	^{Zip} 02879
6. MAILING ADDRESS OF LIMITED LIABILITY COMPAI Contact Name E. David Corvese			Y AND NAME OR TITLE (Contact Title Manage		PERSON	
treet Address	839-C Ministeri	al Road	<i>City</i> Wakefield	State	RI	02879
anager Name	FILL IN SP	ACES BEFORE USING A	ES FILING OF AMENDMENT. R.	FOR ATTACHME!	∀7 ,□	52
E.	David Corvese		•Manager Name •			
E.	David Corvese 9-C Ministerial Road		*Street Address			
E. reet Address 83		Zip 02879	•	State		Zip
E. reet Address 83 ity Wi	9-C Ministerial Road	Zip	Street Address	State		Zip
E. treet Address 83 ity danager Name	9-C Ministerial Road	Zip	Street Address City	State		Zip
E. reet Address 83 ty: anager Name reet Address	9-C Ministerial Road	Zip	*Street Address *City *Manager Name	State		Zip
E. treet Address 83 ity danager Name treet Address	9-C Ministerial Road akefield State State State	Zip 02879	*Street Address *City *Manager Name *Street Address	State	L. 7-16-11	

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 11-25-12

Check No. 2904

By: ANDY

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person Date

E. David Corvese

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

~ ·

D	Number DLLC 98348	Annual Report for the year 2001			
1.	The name of the limited liability compar	ny is:			
	Alchemie Investments II, LLC				
2.	The address of the principal office of the	ne limited liability company is:			
	839-C Ministerial Road, Wakefield, RI 02879				
3.	The state or other jurisdiction under the	e laws of which it is formed is RHODE ISLAND			
4.	The name and address of its resident a	agent is: ROBERT C. BRUNS			
	30 CUTLER STREET, SUITE 221 WA	ARREN RI 02885			
5 .		ited liability company and the name or title of a person to whom communications isterial Road, Wakefield, RI 02879			
	E. David Co	orvese, Manager			
 7. 	state: business investment and ac	the business in which the limited liability company is actually engaged in this ctivities appropriate thereto hagers, the name and address of each manager of the limited liability company Address			
	E. David Corvese	839-C Ministerial Road, Wakefield, RI 02879			
File	FOR SECRETARY OF STATE USE ONLY e Date: $0 - 2 - 0 = 0$	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. Alchemie Investments II, LLC Exact Name of Limited Liability Company By E. David Corvese Manager			
Ch	eck No.: 283 /	Title Form No. 632			
Ву	: 2-	Revised 01/99			

By:

Revised 01/99



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

	•			
D Num	nber DLLC 98348	Annual Report for the year 2000		
l. The	name of the limited liability compa	ny is:		
Alch	nemie Investments II, LLC			
2. The	address of the principal office of t	he limited liability company is:		
_83	39-C Ministerial Road	. Wakefield, RI 02879		
3. The	state or other jurisdiction under th	the laws of which it is formed is RHODE ISLAND		
4. The	name and address of its resident	agent is: ROBERT C. BRUNS		
30	CUTLER STREET, SUITE 221 WA	ARREN RI 02885		
The	current mailing address of the lim	ited liability company and the name or title of a person to whom communications		
J	danonemanna adaroos or tro ini			
may	y be directed are: 839-C Mini	isterial Road, Wakefield, RI 02879		
	E. David (Corvese		
6. Ab	rief statement of the character of	the business in which the limited liability company is actually engaged in this		
stat		erwise to engage in any and all business activities		
7. If th	appropriate theretone limited liability company has man Name	onagers, the name and address of each manager of the limited liability company Address		
E	E. David Corvese	839-C Ministerial Road, Wakefield, RI 02879		
_				
Dated _	10/17/00	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and		
	18 18181 18188 1144 81881 181	that all statements contained herein are true and correct.		
		Alchemie Investments II, LLC		
	9 8 3 4 8	Exact Name of Limited Liability Company		
FOR S	SECRETARY OF STATE USE ONLY	on to have		
ile Date	: 10-20-00	Manager		
Check No	o.: A117	Title		
	·	Form No. 632		

By:



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

	CHAILI	LD LIABILITY COMM ACC		
ID	Number <u>LL 98348</u>	Annual Report for the year 1999		
1.	The name of the limited liability company is:			
	Alchemie Investments II, LLC			
2.	. The address of the principal office of the limited liability company is: 839-C Ministerial Road, Wakefield, RI 02879			
3.	The state or other jurisdiction under the laws			
4.	The name and address of its resident agent	is: ROBERT C. BRUNS		
	30 CUTLER STREET, SUITE 221 WARRE	N, RI 02885		
5.	The current mailing address of the limited lia	ability company and the name or title of a person to whom communications		
	may be directed are: 839-C Minist	erial Road, Wakefield, RI 02879		
	E. David Corves	e		
6.	A brief statement of the character of the b	susiness in which the limited liability company is actually engaged in this		
	state: Investing, and otherwi	se to engage in any and all business activities		
7.	appropriate the If the limited liability company has managers Name	ereto s, the name and address of each manager of the limited liability company Address		
	E. David Corvese	839-C Ministerial Road, Wakefield, RI 02879		
	<i>j</i>			
Da	ated September 14, 1979	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.		
		Alchemie Investments II, LLC		
	* 9 8 3 4 8 *	Exact Name of Limited Liability Company		
	FOR SECRETARY OF STATE USE ONLY	By & De Dre		
File	e Date: 4-27-49	Manager		
Ch	eck No.: 4531	Title Form No. 632		
By	: AMF	Revised 01/99		

Filing Fee: \$50.00



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

ID	Number <u>LL 98348</u>	Annual Report for the year 1998
1.	The name of the limited liability comp.	any is:
	Alchemie Investments II, LLC	
2.	The address of the principal office of 839-C Ministerial Road, Wake	
3.	The state or other jurisdiction under the	he laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident	agent is: ROBERT C. BRUNS
	1070 KINGSTOWN ROAD SOUTH	KINGSTOWN, RI 02879
5.	The current mailing address of the communications may be directed are	E. David Corvese, Manager, Alchemie Investments II, LLC
	839-C Ministerial Road, Wak	
6.	A brief statement of the character of Investing and of state:	f the business in which the limited liability company is actually engaged in this therwise to engage in any and all business activities appropriate thereto.
7.		anagers, the name and address of each manager of the limited liability company Address
	E. David Corvese	839-C Ministerial Road, Wakefield, RI 02879
Da	September /7, 98 ated, 19	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. Alchemic Investments II, LLC
File	FOR SECRETARY OF STATE USE ONLY Date: 97498	Exact Name of Limited Liability Company
	ock No.: 7391	By De No
By:	VIO.	Managing Partmer
•	•	Form No. 11 C-19