

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 Fee: \$50.00				
(FORM MUST BE TYP 1. ID No.		name of the limited	liabilty company				
125949		nd Properties, I					
3. State of Formation		4. Brief description of the character of the business which is actually conducted in Rhode Island HOLDING, MANAGING, LEASING AND OTHERWISE DEALING WITH REAL ESTATE.					
RHODE ISLAND		HOLDING, MAN	AGING, LEASING AN	D OTHERWISE DEALING	WITH REAL E	STATE.	
5. Principal office addr				City	State		Zip
725 BRANCH AV	ENUE			PROVIDENCE	RI		02904 -
6. MAILING ADD	RESS OF	LIMITED LIA	BILITY COMPANY A	ND NAME OR TITLE	OF CONTACT	PERSON:	
KIMBERLY A RI	CCI			Contact Title			
Street Address				City	State		Zip
725 BRANCH AV				. PROVIDENCE	RI		02904-
7. NAME AND AD	DRESS C			TED'LIABILITY COM			
	ANY MO		S BEFORE USING ATTE	ACHMENTS — ("X" BOX FI FILING OF AMENDMENT, R	OR ATTACIIMENT		
Manager Name	All IIIO	DI TOATIONS TO	WANTE OF THE STATE	· Manager Name		(2)1 1.10-32	······································
Kimberly A. R	icci			None			
Street Address			<u> </u>	· Street Address			
725 Branch Av	enue, S	Suite 400		•			
City		State	Zip	*City	State		Zip
Providence	J	RI	02904	•]
Manager Name None				Manager Name	•		
Sireci Address				None Sircet Address			
Career Amareas				•			
Citi.	ŀ	State	Zip	City	State Zip		Zip
	oe in as			· 	<u> </u>		
8. RESIDENT AGE: Agent Name	NUNRI	ODE ISLAND D	O NOT ALTER- Change	es require filing of Fo	orm 642 - R.I.G	L. 7-16-11	·
MARK CHARLES	SON			928 PARK AVENUE	,		
Address				City		Zip	
				CRANSTON		02910-	
	-			1 6104131011		102910-	
This report must be	e sianed i	n ink hvan au	thorized person pursu	unt to 7-16-66			
The superior miles of	Signer 1	oy un un	mor wew person pursu	w-m 10 7 10-00.			
1 11	 	8 (8(I) 816(8 (8)					
	1 2 5						
125949 DLLC 08	8/80/05 1	1:57:49 AM	٦	Under penalty of per this report, including and that all statemen	any accompanyir	ng schedules a	nd statements.
File Date 10	14/05 511		`	Signature of Authorized	Merson Le	U 9/c	<u>solas</u>
CHECK IND.	<u>ر ر ر ر ر ر ر ر ر ر ر ر ر ر ر ر ر ر ر </u>	<u>~</u>		~ /· /· · · ·		17010	
B _V				Kimberly A.			
COD COCRETION OF	CTATE DE	r. ovu v		concor type wame of	Administra Ferson		



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

Matthew A. Brown, Secretary of State

Corporations Divisio 100 North Main Stre Providence, RI 02903-133

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

401.222.304 2004

1. ID No. 125949		Exact name of the limited liability company lainland Properties, LLC				
3. State of Formation RHODE ISLANI	ا فرور ا		S which is actually conducted in Rhode Island O OTHERWISE DEALING WITH REAL ESTATE.			
5. Principal office add	iress		City	State	Zip	
725 Bran	ch Avenue		Providence	RI	02904	
6. MAILING ADD	RESS OF LIMITED LIAB	BITY COMPANY AND N	AME OR TITLE OF CONTACT I	PERSON:	•	
Contact Name			Contact Title			
Kimberly	A. Ricci	Manager				
Street Address			City	State	Zφ	
725 Bran	ch Avenue, Sui	Providence	RI	02904		
			Manager Name			
Kimberly	A. Ricci ch Avenue, Sui	te 400	Manager Name None Street Address			
Kimberly Since Address 725 Bran		te 400	None	State	Ζψ	
Kimberly Since Address 725 Bran	ch Avenue, Sui	T	None Street Address	State	Zip	
Kimberly Sirce Address 725 Bran Cuy	ch Avenue, Sui	Zip	None Street Address	State	Zψ	
Kimberly Street Address 725 Bran Ctty Providen Manager Name	ch Avenue, Sui	Zip	None Street Address City Manager Name	State	Zip	
Kimberly Street Address 725 Bran Ctty Providen Manager Name None Street Address	ch Avenue, Sui	Zip	None Street Address City Manager Name None	State	Zip Zip	
Street Address 725 Bran City Providen Manager Name None Street Address City	ch Avenue, Sui ce RI State State ENT IN RHODE ISLAND	2.ip 02904	None Street Address City Manager Name None Street Address	State	Zip	
Kimberly Street Address 725 Bran Cuy Providen Manager Name None Street Address City 8. RESIDENT AG Agent Name	ch Avenue, Sui ce RI State State ENT IN RHODE ISLAND	2.ip 02904	None Street Address City Manager Name None Street Address City anges require filing of Form 6	State 42 - R.I.G.L. 7-16-	Zip	

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



File Date	9	20	loy		
Check No		506	5		
Ву:		0A	 		
FOR SECRETARY OF STATE USE ONLY					

Under penalty of perjury, I declare and affirm that I have examined this repo
including any accompanying schedules and statements, and that all statement
contained berein are true and correct

Kimberly A. Ricci

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 LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

		I 🏓 Filing Fee: \$50	0.00				
(FORM MUST BE TYPL			-	<u></u>			
125949	2. Exact name of the li Mainland Propert	ies, LLC					
3. State of Formation	4. Brief descri	otton of the character of the	business which is actually con-	ducted in Rhode Island			
RHODE ISLAND	Holdin	a managin	a leasing an	d otherwise	dealing with real		
5. Principal office addre 725 BRANCH AV		<i>a</i> .	PROVIDENCE	State RI	₹ip 02904 -		
6. MAILING ADDI Contact Name Kimberly A.		LIABILITY COMPA	NY AND NAME OR TI	TLE OF CONTACT P	PERSON:		
Street Address 725 Branch Avenue			City Providence	State RI	<i>Zip</i> 02904		
7. NAME AND ADI	DRESS OF EACH N	ANAGER OF THE I	LIMITED LIABILITY	I COMPANY, IF APPLI BOX FOR ATTACHMENT)	CABLE		
			RES FILING OF AMENDME	SUA PUKAT (ACHMENT) SMT. RIGI 7-18-12 (A) (7)		
Manager Name		7.7	Manager Name	(C. C.) - 10 - 12 (B) (
Kimberly A. Ri	icci		•				
Street Address		.	• Street Address	- -	 		
725 Branch Ave	enue, Suite 40	0	•				
City Providence	State	Zip	*City	State	Zip		
Manager Name	JRI	02904		l	<i></i>		
manager Hame			*Manager Name				
Street Address			• Street Address				
_			•				
City	State	Zip	City	State	Zip		
8. RESIDENT AGEN	T IN RHODE ISLAN	ID -00 NOT ALTER- CH	anges require filing	 of Form 642 - R.L. <u>G.L</u>	7-16-11		
Mark Charleson			928 Park Av	enue	8 85 25		
Address			City		74 H DO		
			Cranston		02910 - 8557		
					HEIVED STATE		
This report must be	signed in ink by a	n authorized person j	pursuant to 7-16-66.				
	2 5 9 4 9				affirm that I have examined		
125949 DLLC 09 File Date Check No. 32 By:	1729/03 06:59:21 PI	M	and that all sta	fuding any accompanying terrents contained herein	g schedules and statements, are true and correct. 9/39/03 Date		
FOR SECRETARY OF	STATE USE ONLY		Print or Type N	ame of Authorized Person	Form 632 Rev. 6/02		