



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. 125949		2. Exact name of the limited liability company Mainland Properties, LLC			
3. State of Formation RHODE ISLAND		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.			
5. Principal office address 725 BRANCH AVENUE		City PROVIDENCE	State RI	Zip 02904 -	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name KIMBERLY A RICCI		Contact Title .			
Street Address 725 BRANCH AVE., Suite 400		City 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 Kimberly A. Ricci		Manager Name None			
Street Address 725 Branch Avenue, Suite 400		Street Address .			
City Providence	State RI	Zip 02904	City .	State .	Zip .
Manager Name None		Manager Name None			
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 MARK CHARLESON		Address 928 PARK AVENUE			
Address .		City CRANSTON		Zip 02910 -	

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



1 2 5 9 4 9

*125949 DLLC 08/30/05 11:57:49 AM*	
File Date	10/6/05
Check No.	5112
By	C
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 of Authorized Person  
Date  
9/27/05  
Kimberly A. Ricci  
Print or Type Name of Authorized Person



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 02903-1333  
401.222.3040

2004

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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 125949		2. Exact name of the limited liability company Mainland Properties, LLC			
3. State of Formation RHODE ISLAND		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.			
5. Principal office address 725 Branch Avenue		City Providence	State RI	Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Kimberly A. Ricci		Contact Title Manager			
Street Address 725 Branch Avenue, Suite 400		City 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 Kimberly A. Ricci		Manager Name None			
Street Address 725 Branch Avenue, Suite 400		Street Address			
City Providence	State RI	Zip 02904	City	State	Zip
Manager Name None		Manager Name None			
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 MARK CHARLESON		Address			
Address 928 PARK AVENUE		City CRANSTON		Zip 02910	

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



\* 1 2 5 9 4 9 \*

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 9/15/04

Kimberly A. Ricci

Print or Type Name of Authorized Person

File Date 9/20/04

Check No. 5065

By: PA

FOR SECRETARY OF STATE USE ONLY



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 2003**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 125949		2. Exact name of the limited liability company Mainland Properties, LLC	
3. State of Formation RHODE ISLAND		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	
5. Principal office address 725 BRANCH AVENUE		City PROVIDENCE	State RI
			Zip 02904-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Kimberly A. Ricci		Contact Title	
Street Address 725 Branch Avenue		City 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 Kimberly A. Ricci		*Manager Name	
Street Address 725 Branch Avenue, Suite 400		*Street Address	
City Providence	State RI	City	State
	Zip 02904		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 Mark Charleson		Address 928 Park Avenue	
Address		City Cranston	Zip 02910

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
OCT 1 11 38 AM '03

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



1 2 5 9 4 9

\*125949 DLLC 09/29/03 06:59:21 PM\*

File Date 10-17-03

Check No. 3209

By: 2

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.

Kimberly Ricci 9/29/03  
Signature of Authorized Person Date  
Kimberly Ricci  
Print or Type Name of Authorized Person