



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. 116749		2. Exact name of the limited liability company Knight Street Holdings, 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	
5. Principal office address 181 KNIGHT STREET		City WARWICK	State RI
		Zip 02886-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOHN P MORGAN		Contact Title	
Street Address 181 KNIGHT ST.		City WARWICK	State RI
		Zip 02886-	
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 P Morgan		*Manager Name David A Sutcliffe	
Street Address 181 Knight St.		*Street Address 181 Knight St	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02886	
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 DANIEL K. FLAHERTY, ESQ.		Address 33 COLLEGE HILL ROAD, SUITE 20-D	
Address		City WARWICK	Zip 02886-

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

RECEIVED
SEP 28 2005

BY.....



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116749 DLLC 09/26/05 01:40:41 PM

File Date 11-09-05

Check No. 10376

By: IUP

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: *[Signature]* Date: 9/25/05

Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 116749		2. Exact name of the limited liability company Knight Street Holdings, 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			
5. Principal office address 181 KNIGHT STREET		City WARWICK	State RI	Zip 02886-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOHN P MORGAN		Contact Title .			
Street Address 181 KNIGHT ST.		City WARWICK	State RI	Zip 02886-	
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 P. Morgan		Manager Name .			
Street Address 32 Misty Meadows Lane		Street Address .			
City North Kingstown	State RI	Zip 02852	City .	State .	Zip .
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 DANIEL K. FLAHERTY, ESQ.		Address 33 COLLEGE HILL ROAD, SUITE 20-D			
Address .		City WARWICK	Zip 02886-		

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



1 1 6 7 4 9

116749 DLLC 09/20/04 10:34:42 AM

File Date 9/27/04

Check No. 9063

By: DA

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

9/21/04
Date

John P. Morgan
Print or Type Name of Authorized Person



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. 116749		2. Exact name of the limited liability company Knight Street Holdings, 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			
5. Principal office address 181 Knight Street		City Warwick	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name John P. Morgan			Contact Title Manager		
Street Address 181 Knight Street		City Warwick	State RI	Zip 02886	
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 P. Morgan			Street Address		
Street Address 32 Misty Meadows Lane			Street Address		
City N. Kingstown	State RI	Zip 02852	City	State	Zip
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 DANIEL K. FLAHERTY, ESQ.			Address		
Address 33 COLLEGE HILL ROAD, SUITE 20-D			City WARWICK	Zip 02886	

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



* 1 1 6 7 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.

File Date 9-4-03
Check No. 8163
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

[Signature] 9/3/03
Signature of Authorized Person Date
John P. Morgan
Print or Type Name of Authorized Person



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. 116749		2. Exact name of the limited liability company Knight Street Holdings, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island			
5. Principal office address 181 Knight Street		City Warwick	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name John P. Morgan		Contact Title Manager			
Street Address 181 Knight Street		City Warwick	State RI	Zip 02886	
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 P. Morgan		Manager Name			
Street Address 32 Misty Meadows Lane		Street Address			
City N. Kingstown	State RI	Zip 02852	City	State	Zip
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 DANIEL K. FLAHERTY, ESQ.		Address			
Address 33 COLLEGE HILL ROAD, SUITE 20-D		City WARWICK	Zip 02886		

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



* 1 1 6 7 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.

File Date	9-16-02
Check No.	5-780
By:	[Signature]
FOR SECRETARY OF STATE USE ONLY	

[Signature]	9/16/02
Signature of Authorized Person	Date
John P Morgan	
Print or type Name of Authorized Person	