

Matthew A. Brown, Secretary of State Corporations Division 148 W. River Street, Providence, R1 02904-2615 401,222,3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

| 1. ID No.<br>117150   |          | ct name of the limited liability company   |  |   |   |   |  |  |  |
|---|----------|--|--|---|---|---|--|--|--|
|   | Anen     | Capital, LLC  4 Brief description of the character of the business which is actually conducted in Rhode Island |  |   |   |   |  |  |  |
| 3 State of Formation 4 Brief description of the character of the busi |          |  | isiness which is actually conducted                            | in Rhode Island   |   |   |  |  |  |
| RHODE ISLAND  |          | INVESTMEN  | r consulting   |   |   |   |  |  |  |
| 5 Principal office address  |          |  |  | City  | State   | Zip                                     |  |  |  |
| 121 SOUTH MAIN STREET   |          |  |  | PROVIDENCE  | RI  | 02903-                                  |  |  |  |
| 6. MAILING ADD  | RESS O   | FLIMITED   | LIABILITY COMPANY  | Y AND NAME OR TITLE   | OF CONTACT I  | ERSON:                                  |  |  |  |
| Contact Name  |          |  |  | Contact Title   |   |   |  |  |  |
| PETER A SULLI   | VAN      |  |  | . PRESIDENT   |   |   |  |  |  |
| Street Address  |          |  |  | City  | State   | Zip                                     |  |  |  |
| 121 SOUTH MA  | IN STR   | EET  |  | . PROVIDENCE  | RI  | 02903-                                  |  |  |  |
| 7. NAME AND AD  | ANY MO   | OF EACH M<br>FILL IN ST<br>DDIFICATIONS  | ANAGER OF THE LI<br>ACES BEFORE USING A<br>TO MANAGERS REQUIRE | MITED LIABILITY COMI<br>TIACHMENTS A CXT BOX'S<br>ES FILING OF AMENDMENT. R | PANY, IF APPL<br>ÔR ATTACHMENT<br>LIGIL 7-16-12 (a) 1 | [CABLE<br>☐ 2) 7-16-52                  |  |  |  |
| Manager Name  |          |  |  | •Manager Name   |   |   |  |  |  |
| PETER A. SULL   | IVAN     |  |  | •   | •   |   |  |  |  |
| Street Address  |          |  | Street Address   |   |   |   |  |  |  |
| 121 SOUTH MA  | IN STR   | EET  |  | •   |   |   |  |  |  |
| City  |          | State  | Zıp  | *City   | State   | Zip                                     |  |  |  |
| PROVIDENCE  |          | RI   | 02903  | :   |   |   |  |  |  |
| Manager Name  |          |  | •                        | Manager Name  | • • • • • • •   | • |  |  |  |
| Street Address  |          |  | •Street Address  | •Street Address   |   |   |  |  |  |
|   |          |  |  |   |   |   |  |  |  |
| Cus   |          | State  | Ζιρ  | .City   | State   | Zīp                                     |  |  |  |
| 8. RÉSIDENT AGE!  | NT IN RI | I<br>IODE ISLANI   | D -DO NOT ALTER- Char  | nges require filing of Fo   | orm 642 - R.I.G.I                                     | ., 7-16-11                              |  |  |  |
| Agent Name  |          |  |  | Address   |   |   |  |  |  |
| E. COLBY CAME   | RON, E   | SQ.  |  | 56 EXCHANGE TER   | RRACE   |   |  |  |  |
| Address   |          |  | City   | Zip   |   |   |  |  |  |
| CAMERON & MITTLEMAN LLP   |          |  | PROVIDENCE 02903-  |   |   |   |  |  |  |
| CAMERON & MITTLEMAN LLP   |          |  | PROVIDENCE 02903-  |   |   |   |  |  |  |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



\*117150 DLLC 07/24/06 08:22:14 AM\*
File Date FILED

Check No JUL 2 8 2006

By: By 50

FOR SECRETARY OF STATE USE ONLY

PETE Print or 1

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.

gnature of Authorized Person D

Date

PETER A. SULLIVAN

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 02903-1335 401-222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_ Filing Period: September 1 · November 1 · Filing Fee: \$50.00

2004

| (FORM MUST BE TYPED  | OR PRINTED IN BLACK)   |   |   |                     |       |  |  |  |  |
|--|--|---|---|---------------------|-------|--|--|--|--|
| 1. ID No.<br>117150  | 2. Exact name of the limited Arlen Capital, LLC  | Exact name of the limited liability company rien Capital, LLC |   |                     |       |  |  |  |  |
| 3 State of Formation                                       | State of Formation 4. Brief description of the character of the husiness which is actually conducted in Rhode Island |   |   |                     |       |  |  |  |  |
| RHODE ISLAND   | INVESTMENT   | CONSULTING  |   |                     |       |  |  |  |  |
| 5. Principal office address                                | _  |   | City  | State               | Zip   |  |  |  |  |
| One Provide  | ence Washingto   | n Plaza   | Providence  | RJ                  | 02903 |  |  |  |  |
|  |  | ITY COMPANY AND NA  |   | ERSON:              | , ,   |  |  |  |  |
| Contact Name   |  |   | Contact Title   |                     |       |  |  |  |  |
| PETER A. S   | ullivar  |   | PRESIDENT   |                     |       |  |  |  |  |
| Street Address   | <b>~</b> ? .   |   | City  | State               | Zip   |  |  |  |  |
| One Providence   | e Washington   | Plaza   | Providence  | R1                  | 02905 |  |  |  |  |
|  | FILL IN SPA<br>Y MODIFICATIONS TO  | CES BEFORE USING AT   | IABILITY COMPANY, IF APPLIC<br>TACHMENTS ("X" BOX FOR<br>FILING OF AMENDMENT, R.I.C<br>Manager Name | ATTACHMENT)         |       |  |  |  |  |
| Ork Paux i dence Washington Plaza  City Rovidence Ri 02403 |  |   | Street Address  |                     |       |  |  |  |  |
| Providence   | State<br>R1  | 02403   | Gity  | State               | Zip   |  |  |  |  |
| Manager Name   | •••••••••••  | •••••••••••••   | Manager Name  |                     |       |  |  |  |  |
| Street Address   |  |   | Street Address  | -                   |       |  |  |  |  |
| Guy  | State  | Zip   | City  | State               | Zip   |  |  |  |  |
| 8. RESIDENT AGENT<br>Agent Name<br>ARLEN CORPORATION       |  | DO NOT ALTER - Chan   | ges require filing of Form 642  Address   | 2 - R.I.G.L. 7-16-1 | 1     |  |  |  |  |
| Address ONE PROVIDENCE WASHINGTON PLAZA, 7TH FLOOR         |  |   | PROVIDENCE  | 21p<br>02903-       |       |  |  |  |  |
|  |  |   |   |                     |       |  |  |  |  |

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

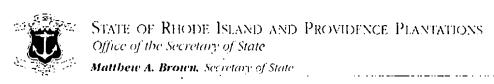


| File Date 11804                 |  |  |  |  |  |
|---------------------------------|--|--|--|--|--|
| Check No. 1030                  |  |  |  |  |  |
| Ву:                             |  |  |  |  |  |
| FOR SECRETARY OF STATE USE ONLY |  |  |  |  |  |

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.

Signquire of Authory ed Person Date

PETER A. Sullivar



Cih

Agent Name

Address

**ARLEN CORPORATION** 

Corporations Division 100 North Main Street Providence, RI 02903-1335 \_\_\_\_\_401 222 3040

2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

| Filing Period: Septen         | iber 1 - November 1 | • Filing Fee: \$50.00  | )  |                | <del></del> |  |  |  |
|-------------------------------|---------------------|--|--|----------------|-------------|--|--|--|
| (FORM MUST BE TYPED)          |                     |  |  |                |             |  |  |  |
| † ID No                       | •                   | ranne of the limited hability company  |  |                |             |  |  |  |
| 117150                        | Arlen Capital, LLC  | Arlen Capital, LLC   |  |                |             |  |  |  |
| 3 State of Franction          | 4 Brief description | 4. Brief description of the character of the hismess which is actually conducted in Rhode Island |  |                |             |  |  |  |
| RHODE ISLAND                  |                     |  |  |                |             |  |  |  |
| 5. Principal office address   |                     |  | City   | State          | $Z\phi$     |  |  |  |
|                               | e Washington Pla    |  | Providence   | RI             | 02903       |  |  |  |
| Peter A. Sull                 |                     | A XXXIII AND IN  | Contact Tale President   | Contact Tale   |             |  |  |  |
| Street Address                | ·- <del></del>      |  | Guy  | State          | Zip         |  |  |  |
| One Providence                | e Washington Pla    | za   | Providence   | RI             | 02903       |  |  |  |
|                               | FILL IN SPA         | CES BEFORE USING A   | LIABILITY COMPANY, IF APP<br>LTTACHMENTS - ("X" BOX FO<br>S FILING OF AMENDMENT, R | OR ATTACHMENT) | / 7-16-52   |  |  |  |
| Manager Name                  |                     |  | Mongan Manie   | Managar Mana   |             |  |  |  |
| Peter A. Sulli                | lvan                |  |  |                |             |  |  |  |
| Street Address One Providence | e Washington Pla    | za   | Street Address   | Street Address |             |  |  |  |
| em<br>Providence              | State<br>R I        | <sup>λφ</sup> 02903  | City   | State          | Zip         |  |  |  |
| Mavager Name                  |                     |  | Manager Name   | Manager Name   |             |  |  |  |
| Street Address                |                     |  | Street Address   | Street Address |             |  |  |  |

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

Address

**PROVIDENCE** 

| * | 1 | 1 | 7 | 1 | 5 | 0 | * |
|---|---|---|---|---|---|---|---|

File Date Check No. FOR SECRETARY OF STATE USE ONLY

ONE PROVIDENCE WASHINGTON PLAZA, 7TH FLOOR

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.

240

02903-

Date

Zφ

Peter A. Sullivan

Print or Type Name of Authorized Person

Form 632 Rev. 7/03



FOR SECRETARY OF STATE USE ONLY

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 Fee: \$50.00 | ALL REPORT FOR                         | THE TE            | AIR ZOOZ  |
|------------------------------|---|---------------------|--|-------------------|---|
| (FORM MUST BE TYP)           | ED OR PRINTED IN BLACK)  2. Exact name of the limited lic | abilty company      | <del> </del>                           |                   | <del> </del>  |
| 117150                       | Arlen Capital, LLC  |                     |  |                   |   |
| 3. State of Formation        |   |                     | ness which is actually conducted in Rh | ode Island        |   |
| RHODE ISLAND                 | <u> </u>  | or Consultin        | <del></del>                            |                   |   |
| 5. Principal office addr     | Sence Dashingto   | on Plaza            | PROVI dence                            | State R 1         | Zip 02903   |
|                              | RESS OF LIMITED LIAB                                      | ILITY COMPANY       | AND NAME OR TITLE OF C                 | ONTACT PE         | ERSON:  |
| Contact Name A. S            | mllium  |                     | Contact Title  PRESSERT                |                   |   |
| Street Address  ONE PROVI de | ence Washingh   | n Plaza, 7th F      | bri Providence                         | Siaic R1          | Zip 02903   |
|                              | <del>- · · · · · · · · · · · · · · · · · · ·</del>        | <del></del>         | ED LIABILITY COMPANY, I                | FAPPLICAL         | BLE   |
|                              |   | BEFORE USING AT     | ·                                      |                   |   |
| Manager Name                 |   |                     | FILING OF AMENDMENT, R.I.G.L           | . 7-16-12 (a) (2) | 1 7-16-52   |
| PETER 1.                     | Sullivan  |                     | •Manager Name                          |                   |   |
| Street Address OR PROVIDE    | Sullivan<br>enceWashington<br>ce State RI                 | Plaza, 7 th Flo     | Street Address                         |                   |   |
| City Providen                | ce State RI   | Zip 02903           | *City                                  | State             | Zip   |
| Manager Name                 |   | J                   | Manager Name                           |                   |   |
| Street Address               |   |                     | • Sireet Address                       |                   |   |
|                              |   |                     | •                                      |                   |   |
| City                         | State   | Zip                 | ,City                                  | State             | Zip   |
| 8. RESIDENT AGEN             | T IN RHODE ISLAND-DO                                      | NOT ALTER- Chang    | ges require filing of Form             | 642 - R.I.G.L.    | 7-16-11   |
| Agent Name                   | · · · · · · · · · · · · · · · · · · ·                     |                     | Address                                |                   | <u> </u>  |
| ARLEN CORPORATIO             | )N  |                     |  |                   |   |
| Address                      |   |                     | City                                   |                   | Zip   |
| ONE PROVIDENCE W             | ASHINGTON PLAZA, 7TH FLOO                                 | R                   | PROVIDENCE                             | 02903-            |   |
| <b></b>                      |   |                     |  |                   |   |
| This report must be          | e signed in ink by an auth                                | horized person puri | suant to 7-16-66.                      |                   |   |
|                              |   |                     |  |                   |   |
|                              | * 1 1 7 1 5 U   | *<br>]              |  | accompanying      | offirm that I have examined schedules and statements, are true and correct. |
| File Date                    | 7-24.02   |                     | tota                                   | Aulla             | 8/28/2012   |
| Check No.                    | 1005  |                     | Signature of Authorized Per            | son               | Date  |

PETER A. Sullivan