

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

2005

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) 2. Exact name of the limited liability company HIDDEN PROSPECTS LLC 1. ID No. 118849 3. State of Formation Brief description of the character of the business which is actually conducted in Rhode Island SHORT TERM RENTAL OF APT. **RHODE ISLAND** 5 Principal office address 165 Prospect St 02906 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Street Address 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name Sirret Address Strivet Address State Zip City Manager Name Manager Name Sircet Address Street Address City State City State Zíp 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address **CARROL GINGOLD** Address Zφ **165 PROSPECT STREET** PROVIDENCE 02903-

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

File Date	9	13	05 *118849*	
Check No	·	ica	13	_
Ву:		1	À	_
	FOR SECRI	ETARY O	F STATE USE ONLY	,

Inder penalty of perjury, I declare and affirm that I have ex- neluding any accompanying schedules and statements, and	•
ontained herein are true and correct.	
Caul L & old.	9-1205
ignature of Authorized Person / Date	
Carrol L. Gingold.	
Print or Type Name of Authorized Person	



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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222,3040

Matthew A. Brown, Secretary of Stale

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR	2004	
Filing Period: September 1 - November 1 • Filing Fee: \$50.00		_

(FORM MUST RE TYPED		Flung ree: \$50	<i>7.00</i>		
1. ID No. 2. Exact name of the limited liability company					·
118849					_
3. State of Formation	4. Brief description	n of the character of the h	usiness which is actually conducted in	n Rhode Island	
RHODE ISLAND	SHORT TERM	RENTAL OF APT.			
5. Principal office addres	rospect s	t -	Provider	re state RI	02906.
6. MAILING ADDRES	SS OF LIMITED LIABII	ITY COMPANY ANI	D NAME OR TITLE OF CONT		• •
Contact Name Carvi	1 L. Ginge	old.	Contact Title P	esident.	
Sircei Address	rospect St	-	Providev	ice siaic RI	D 2G06
7. NAME AND ADDE	IESS OF EACH MANAC	ER OF THE LIMITE	ED LIABILITY COMPANY, IF	APPLICABLE	1 - 2 - 1
	FILL IN SPA	CES BEFORE USIN	G ATTACHMENTS ("X" 80	OX FOR ATTACHMENT)	
	MODIFICATIONS TO	MANAGERS REQU	IRES FILING OF AMENDMEN	NT, R.I.G.L. 7-16-12 (a) (2)) / 7-16-52
Manager Name			Manager Name		
- C					
Street Address			Street Address		
City	State	2/6			Y
City	Sinte	Ζ.ψ	Clty	State	Zip
Manager Name		I	Manager Name	,l	
Street Address			Street Address		
Clty	State	Zip	City	State	ZIP
8 DECIDENT ACENT	IN BRODE ISLAND				
Agent Name	IN KHÔDE ISLAND :	DO,NOT ALTER - C	Changes require filing of Fo	orm 642 - R.I.G.L. 7-16-11	
,		•			
CARROL GINGOLD					
Address			City	Zip	
165 PROSPECT STRE	ET		PROVIDENCE	02	903-

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

	* 1 1 8 8 4 9 *
File Date	9 17 04
Check No.	1291
Ву:	OA
	FOR SECRETARY OF STATE USE ONLY

Inder penalty of perjury, I declare and affirm that I neluding any accompanying schedules and statement	
contained herein are true and correct)	
Cally & gold	9-1204
ignature of Authorized Person Date	
Carrol L. Gingold.	
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

2003

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. 2 Exact name of the limited liability company 118849 HIDDEN PROSPECTS LLC 3 State of Formation 4 Brief description of the character of the business which is actually conducted in Rhode Island SHORT TERM RENTAL OF APT. **RHODE ISLAND** 5. Principal office cyldress Contact Name THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name Street Address. Street Address State Z.ip Chy State Zφ Manager Name Manager Name Street Address Street Address 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 Address **CARROL GINGOLD** Zib **165 PROSPECT STREET PROVIDENCE** 02903-

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

* 1 1 8 8 4 9 *
RECEIVED
File Date - JAN 0 5 2004
Check No. 54 (1) (100 (10) (2) 03
By:
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.	
Cauoff Gold. 10/28/03.	
ignature of Authorized Person Date	-
Caval L. Gingold	
Print or Type Name of Authorized Person	_



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 Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liabilty company 118849 HIDDEN PROSPECTS LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **RHODE ISLAND** 5. Principal office address State 02900 LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title State 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Street Address Street Address City State Zip Cirv State Žip Manager Name Manager Name Street Address ·Street Address City State Zip City Zip State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Igent Name Address **CARROL GINGOLD** Address Zip **165 PROSPECT STREET PROVIDENCE** 02903-

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



File Date	11.29.02
Check No.	319
В <u>у:</u>	a.
FOR SECRET	ARY 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

Print or Type Name of Authorized Person