

### 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

(FORM MUST BE TYPED	OR PRINTED IN BLACK)								
1. ID No.		Exact name of the limited liability company							
109647	East Pavilion Associa	avilion Associates, LLC							
3. State of Formation	4 Brief description	n of the character of the husines	s which is actually conducted in Rhoc	de Island					
RHODE ISLAND	REAL ESTAT	Έ							
5. Principal office address			City	State	Zip				
50 Exchange 1	Terrace, Suite	320	Providence	RI	02903				
6. MAILING ADDRE	SS OF LIMITED LIABI	LITY COMPANY AND NA	ME OR TITLE OF CONTACT		1 02700				
Contact Name			Contact Title						
Paul Plourde			Operating Manag	ger					
Street Address			City	State	Ζίρ				
50 Exchange 1	Cerrace, Suite	320	Providence	RI	02903				
7. NAME AND ADDE	RESS OF EACH MANAG	GER OF THE LIMITED LI	: ABILITY COMPANY, IF APPI	 	, 1				
	FILI, IN SPA	ACES BEFORE USING AT	TACHMENTS ("X" BOX FO	DR ATTACHMENTI [	· ·				
AN	Y MODIFICATIONS TO	MANAGERS REQUIRES	FILING OF AMENDMENT, R	.I.G.L. 7-16-12 (a) (	2) / 7-16-52				
Manager Name			•						
Paul Plourde			Manager Name						
					_ <del>-</del>				
Sircet Address	Cerrace, Suite	320	Manager Name Street Address						
Sirce Address 50 Exchange 7	State	Zip		State	7.ip				
Sirrei Address 50 Exchange	<del></del>	<del></del>	Street Address	State	Zip				
Sirce Address 50 Exchange 7	State	Zip	Street Address	State	7.ip				
Sirce Address 50 Exchange Toly Providence Manager Name	State	Zip	Street Address City	State	Zip				
Sirce Address 50 Exchange 1 City Providence	State	Zip	Street Address City	State	Ζφ				
Sirce Address 50 Exchange Toly Providence Manager Name	State	<sup>2ір</sup> 02903	Street Address  City  Manager Name  Street Address						
Sircei Address 50 Exchange Toly Providence Alanager Name Sircei Address	State RI	Zip	Street Address  City  Manager Name	State	Z.ip				
Sircei Address 50 Exchange Toly Providence Manager Name Sircei Address City	State RI State	2ip 02903	Street Address  City  Manager Name  Street Address  City	State	Zip				
Sircei Address 50 Exchange Toly Providence Manager Name Sircei Address City	State RI State	2ip 02903	Street Address  City  Manager Name  Street Address	State	Zip				
Sircei Address 50 Exchange 7 City Providence Manager Name Sircei Address City 8. RESIDENT AGENT	State RI  State  State IN RHODE ISLAND	2ip 02903	Street Address  City  Manager Name  Street Address  City  ges require filing of Form 6  Address	State 642 - R.I.G.L. 7-16-1	Zip				
Street Address 50 Exchange Total City Providence Atanager Name Street Address City 8. RESIDENT AGENT Agent Name	State RI  State  State IN RHODE ISLAND	2ip 02903	Street Address  City  Manager Name  Street Address  City  ges require filing of Form (  Address  PLOURDE, BOGUE, MCLAU	State 642 - R.I.G.L. 7-16-1 IGHLIN	Zip				
Street Address 50 Exchange 7 City Providence Manager Name Street Address City 8. RESIDENT AGENT Agent Name PAUL PLOURDE, ESQ.	State RI State State	2ip 02903	Street Address  City  Manager Name  Street Address  City  ges require filing of Form 6  Address	State 642 - R.I.G.L. 7-16-1 IGHLIN	Zip				

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

	*109647*
File Date	74,05
By:FOR SECRETAR	LY 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

Paul Plourde, Operating Manager

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

Gorporations Division 199 North Main Street Providence, RI 02903-1335 401-222 3040

## 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 BIACK)

(FORM MUST BE TYP. -1-(D-No		tool leaderly a surface	<del></del> .	<del>_</del>	·			
109647		act name of the loutted hability company						
3 State of Formation	4 Bref descript	Pavilion Associates, LLC  4 Bref description of the character of the business which is actually conducted in Rhode Island						
RHODE ISLAND			Constitution of the second	iii isiiriii				
5 Principal office add 50 Exchang	ge Terrace, Suit	e 320	Providence	State RI	02903			
6. MAILING ADD	RESS OF LIMITED LIAB	ILITY COMPANY AND I	NAME OR TITLE OF CONTACT	l PERSON:	ľ			
Paul Plou			Contact Title Operating Manag					
50 Exchan	ge Terrace, Suit	e 320	Providence	State RI	<sup>z</sup> /02903			
	FILL IN SI ANY MODIFICATIONS T	PACES BEFORE USING A	LIABILITY COMPANY, IF APP ATTACHMENTS ("X" BOX FO S FILING OF AMENDMENT, F Manager Name	OR ATTACHMENT)	) / 7-16-52			
Street Address 50 Exchans	ge Terrace, Suit		Street Address	<del></del>	•			
	50 refrace, bare	<u></u>	:					
Providence	e RI	Zφ 02903	Cu)	State	Ζιφ			
•		<sup>Zφ</sup> 02903	City Manager Name	State	Ζψ			
Providence Manager Name				State	Zφ			
Providence Manager Name Street Address			Manager Name	State State	Zφ 			
Providence Manager Name Street Address Cuy	e RI	02903	Manager Name Street Address	State				
Providence Manager Name Street Address City  8. RESIDENT AGE Agent Name PAUL PLOURDE, E	e RI  State  ENT IN RHODE ISLAND	02903	Manager Name  Street Address  Cuy  inges require filing of Form	State 642 - R.I.G.L. 7-16-11				
Providence Manager Name Street Address City 8. RESIDENT AGE	e RI  State  ENT IN RHODE ISLAND	02903	Manager Name  Street Address  Cuy  inges require filing of Form  Address	State 642 - R.I.G.L. 7-16-11				

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



File Date _ 9 22 04
Check No (2350
Bv:OA
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 David

·

Paul Plourde, Operating Manager

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 401-222-3010

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2003

THING PERIOD: SEPTED (FORM MUST BE TYPED		• Filing Fee: \$50.00					
1. ID No 109647		name of the limited liability company  † Pavilion Associates, LLC					
3. State of Formation			ss which is actually conducted in Rhoc	le Island			
RHODE ISLAND	REAL ESTAT	<b>E</b>					
5. Principal office address	<u> </u>		City	State	Zip		
50 Exchange 6. MAILING ADDRE	Terrace, Suite	320 LITY COMPANY AND NA	Providence	PERSON:	02903		
Paul Plourde			Contact Title Operating Man				
Street Address			City	State	Zip		
7. NAME AND ADDI	FILL IN SP.	GER OF THE LIMITED L ACES BEFORE USING AT	Providence IABILITY COMPANY, IF APPLICATION FOR TACHMENTS ("X" BOX FO	OR ATTACHMENT) 🔲	02903		
Manager Name	i modifications (	MANAGERS REQUIRES	FILING OF AMENDMENT, R	i.J.G.L. 7-16-12 (a) (2)	/ 7-16-52		
Paul Plourde			Manager Name				
Sinvi Addins			Sirvet Address				
	Terrace, Suite	320	Sitter Anares				
Providence	State	<i>гір</i> 02903	City	State	Zip		
Manager Name	•	•••••••	Manager Name				
Sirvet Address			Street Address	·			
Clly	State	Zip	City	State	Zip		
Agent Name		DO NOT ALTER - Chan	ges require filing of Form (  Address	   642 - R.I.G.L. 7-16-11	ı		
PAUL PLOURDE, ESC	<u> </u>		PLOURDE, BOGUE, MCI	LAUGHLIN			
Address			Clly	Zip			
50 EXCHANGE TERR	ACE, 3RD FLOOR	. <u>-</u>	PROVIDENCE	0	2903		

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

	* 1 0 9 6 4 7 *
File Date _	10.23-03
Check No	4970
By:	OR 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 10/20/03

Paul Plourde, Operating Manager

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 VEAR 2002

Filing Period: Se	eptember 1 - Nove	mber 1	Filing Fee: \$50.00	AL KLI OKI	CKINET	2002		
(FORM MUST BE T	YPED OR PRINTED	IN BLACK)	<b>3 2</b>					
1. ID No.	D No. 2. Exact name of the limited liability company							
109647		East Pavilion Associates, LLC						
3. State of Formation	1 4. Brie	f description of	the character of the busin	ness which is actually conduc	ted in Rhode Island			
RHODE ISLAND	REA	LESTATE						
5. Principal office a	ddress			City	State	Zip		
50 Exchang	e Terrace, S	Suite 320		Providence	RI	02903		
6. MAILING AL	DRESS OF LIM	ITED LIAB	ILITY COMPANY	AND NAME OR TITL	F OF CONTACT P			
Contact Name				Contact Title	E OF CONTACT F	ERSON:		
Paul Plour	·de			· Operating Ma	22222			
Sirger Address				City	State	Zip		
50 Exchang	e Terrace, S	uite 320		Providence	RI	02903		
7. NAME AND A	DDRESS OF EAC	HMANAG	P OF THE LIMIT	ED LIABILITY COM				
	FILL	IN SPACES	BEFORE USING AT		PANY, IF APPLICA DX FOR ATTACHMEN			
				FILING OF AMENDMENT				
Manager Name					. K.I.G.C 7-10-12 (a) (.	2)1 7-10-52		
Paul Plour	do			•Manager Name •				
Street Address	<del></del>		<del></del>	•				
	e Terrace, S	uite 320		Street Address				
City	State		Zip	*City	State			
Providence		RI	02903	•		1 '		
Manager Name	• • • • • • • • • •	• • • • •	• • • • • • • • • •	Manager Name				
				•				
Street Address			•	Sircet Address	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
<del></del>				•				
City	State		Zip	,City	State	Zip		
			<u> </u>	•				
8. RESIDENT AG	ENT IN RHODE I	SLAND-00	NOT ALTER- Chang	es require filing of	Form 642 - R.I.G.I.	7-16-11		
Agent Name				Address				
PAUL PLOURDE, E	SQ.			PLOURDE, BOGUE, MO	T AUGHLIN			
Address			<del></del>	City		Zip		
50 EXCHANGE TER	RACE, 3RD FLOOR			BBOURDENAG				
		<u></u>	· .	PROVIDENCE		02903		
	•							
	-							

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



File Date 103102
Check No. 3758
B <u>y:</u>
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

Paul Plourde, Operating Manager Print or Type Name of Authorized Person

By:

Revised 01/99



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

#### LIMITED LIABILITY COMPANY

ID	Number DLLC 109647		Annual Report for the year 2001		. <del></del>
1.	The name of the limited liability compa	ny is:			60
	East Pavilion Associates, LLC			- <u>c</u> :	<u> </u>
2.	The address of the principal office of the 50 Exchange Terrace, Suite 3		•		
3.	The state or other jurisdiction under the	e law	s of which it is formed is RHODE ISLAND		
4.	The name and address of its resident	agent	is: PAUL PLOURDE, ESQ.		
	PLOURDE, BOGUE, MCLAUGHLIN 5	0 EX	CHANGE TERRACE, 3RD FLOOR PROVIDENCE RI	)2903	
5.	The current mailing address of the lim	ited li	ability company and the name or title of a person to wh	om comr	nunications
	may be directed are: Paul Plourde	<del>,</del> 0	perating Manager	_	
	50 Exchange Terrace, Suite 3	320,	Providence, RI 02903		
6.	A brief statement of the character of	the I	business in which the limited liability company is actu	ally enga	aged in this
	state: real estate				
7.	If the limited liability company has mar Name	nager	s, the name and address of each manager of the limite Address	ed liability	company
	Paul Plourde, Operating Mana	ger	50 Exchange Terrace, Suite 320, Provid	ence, R	RI 02903
		_			
Da	ated /0/// 2001		Under penalty of perjury, I declare and affirm that I report, including any accompanying schedules a that all statements contained herein are true and corr	nd staten ect.	
	1 0 9 6 4 7		Fast Pavillion Associates, LLC Exact Name of Limited Liability Company	,	
C:1-	FOR SECRETARY OF STATE USE ONLY		By law louis		
	Date: 10-30-01		Operating Manager		
Cho	eck No.: 2398		Title	Form	No. 632

**DETACH BOTTOM BEFORE RETURNING** 

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

#### LIMITED LIABILITY COMPANY

ID I	Number	DLLC	109647
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Annual Report for the year 2000

1.	The name of the limited liability company is:
	East Pavilion Associates, LLC
2.	The address of the principal office of the limited liability company is:
	50 Exchange Terrace, 3rd Floor, Providence, RI 02903
3.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident agent is: PAUL PLOURDE, ESQ.  Plourde, Bogue, McLaughlin & Moylan, LLP, 50 Exchange Terrace, 3rd Floor,  PLOURDE ALEQNAND LATER ONE CHAZAX SUFFE 830 PROVIDENCE RI 02903
5.	The current mailing address of the limited liability company and the name or title of a person to whom communications
	may be directed are: Paul Plourde, Operating Manager
	50 Exchange Terrace, 3rd Floor, Providence, RI 02903
6. 7.	A brief statement of the character of the business in which the limited liability company is actually engaged in this state:  real estate  If the limited liability company has managers, the name and address of each manager of the limited liability company Name  Address
	Paul Plourde, Operating Manager 50 Exchange Terrace, 3rd Floor 50 Section 1988
	Providence, Rhode Island 02903
File	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.    East Pavilion Associates, IIC   Exact Name of Limited Liability Company
By	: Pevised 01/99