



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 02903-1355  
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.<br><b>109647</b>   |                     | 2. Exact name of the limited liability company<br><b>East Pavilion Associates, LLC</b>                                  |                     |
| 3. State of Formation<br><b>RHODE ISLAND</b>   |                     | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>REAL ESTATE</b> |                     |
| 5. Principal office address<br><b>50 Exchange Terrace, Suite 320</b>   |                     | City<br><b>Providence</b>   | State<br><b>RI</b>  |
|  |                     | Zip<br><b>02903</b>   |                     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:<br>Contact Name<br><b>Paul Plourde</b><br>Contact Title<br><b>Operating Manager</b>   |                     |   |                     |
| Street Address<br><b>50 Exchange Terrace, Suite 320</b>  |                     | City<br><b>Providence</b>   | State<br><b>RI</b>  |
|  |                     | Zip<br><b>02903</b>   |                     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |                     |   |                     |
| Manager Name<br><b>Paul Plourde</b>  |                     | Manager Name  |                     |
| Street Address<br><b>50 Exchange Terrace, Suite 320</b>  |                     | Street Address  |                     |
| City<br><b>Providence</b>  | State<br><b>RI</b>  | City  | State               |
|  | Zip<br><b>02903</b> |   | 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<br><b>PAUL PLOURDE, ESQ.</b>  |                     | Address<br><b>PLOURDE, BOGUE, MCLAUGHLIN</b>  |                     |
| Address<br><b>50 EXCHANGE TERRACE, SUITE 320</b>   |                     | City<br><b>PROVIDENCE</b>   | Zip<br><b>02903</b> |

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



\*109647\*

|                                 |                 |
|---------------------------------|-----------------|
| File Date                       | <b>10/24/05</b> |
| Check No.                       | <b>7548</b>     |
| By:                             | <b>CPV</b>      |
| 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

**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 3090

# 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.<br><b>109647</b>   |                    | 2. Exact name of the limited liability company<br><b>East Pavilion Associates, LLC</b>                                  |      |                     |                     |
| 3. State of Formation<br><b>RHODE ISLAND</b>   |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>REAL ESTATE</b> |      |                     |                     |
| 5. Principal office address<br><b>50 Exchange Terrace, Suite 320</b>   |                    | City<br><b>Providence</b>   |      | State<br><b>RI</b>  | Zip<br><b>02903</b> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:<br>Contact Name: <b>Paul Plourde</b> Contact Title: <b>Operating Manager</b>  |                    |   |      |                     |                     |
| Street Address<br><b>50 Exchange Terrace, Suite 320</b>  |                    | City<br><b>Providence</b>   |      | State<br><b>RI</b>  | Zip<br><b>02903</b> |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |                    |   |      |                     |                     |
| Manager Name<br><b>Paul Plourde</b>  |                    | Manager Name  |      |                     |                     |
| Street Address<br><b>50 Exchange Terrace, Suite 320</b>  |                    | Street Address  |      |                     |                     |
| City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02903</b>   | 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<br><b>PAUL PLOURDE, ESQ.</b>  |                    | Address<br><b>PLOURDE, ROGUE, MCLAUGHLIN</b>  |      |                     |                     |
| Address<br><b>50 EXCHANGE TERRACE, 3RD FLOOR</b>   |                    | City<br><b>PROVIDENCE</b>   |      | Zip<br><b>02903</b> |                     |

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                       | <u>9/22/04</u> |
| Check No                        | <u>6350</u>    |
| By:                             | <u>DA</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

Date

**Paul Plourde, Operating Manager**

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<br><b>109647</b>  |                    | 2. Exact name of the limited liability company<br><b>East Pavilion Associates, LLC</b>                                  |                     |
| 3. State of Formation<br><b>RHODE ISLAND</b>   |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>REAL ESTATE</b> |                     |
| 5. Principal office address<br><b>50 Exchange Terrace, Suite 320</b>   |                    | City<br><b>Providence</b>   | State<br><b>RI</b>  |
|  |                    | Zip<br><b>02903</b>   |                     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:<br>Contact Name<br><b>Paul Plourde</b><br>Contact Title<br><b>Operating Manager</b>   |                    |   |                     |
| Street Address<br><b>50 Exchange Terrace, Suite 320</b>  |                    | City<br><b>Providence</b>   | State<br><b>RI</b>  |
|  |                    | Zip<br><b>02903</b>   |                     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |                    |   |                     |
| Manager Name<br><b>Paul Plourde</b>  |                    | Manager Name  |                     |
| Street Address<br><b>50 Exchange Terrace, Suite 320</b>  |                    | Street Address  |                     |
| City<br><b>Providence</b>  | State<br><b>RI</b> | City  | State               |
| Zip<br><b>02903</b>  |                    | 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<br><b>PAUL PLOURDE, ESQ.</b>  |                    | Address<br><b>PLOURDE, BOGUE, MCLAUGHLIN</b>  |                     |
| Address<br><b>50 EXCHANGE TERRACE, 3RD FLOOR</b>   |                    | City<br><b>PROVIDENCE</b>   | Zip<br><b>02903</b> |

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: 21

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.

Paul Plourde 10/24/03  
Signature of Authorized Person Date

**Paul Plourde, Operating Manager**

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.<br><b>109647</b>  |                    | 2. Exact name of the limited liability company<br><b>East Pavilion Associates, LLC</b>                                  |                     |
| 3. State of Formation<br><b>RHODE ISLAND</b>  |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>REAL ESTATE</b> |                     |
| 5. Principal office address<br><b>50 Exchange Terrace, Suite 320</b>  |                    | City<br><b>Providence</b>   | State<br><b>RI</b>  |
|   |                    | Zip<br><b>02903</b>   |                     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |                    |   |                     |
| Contact Name<br><b>Paul Plourde</b>   |                    | Contact Title<br><b>Operating Manager</b>   |                     |
| Street Address<br><b>50 Exchange Terrace, Suite 320</b>   |                    | City<br><b>Providence</b>   | State<br><b>RI</b>  |
|   |                    | Zip<br><b>02903</b>   |                     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)<br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |                    |   |                     |
| Manager Name<br><b>Paul Plourde</b>   |                    | Manager Name  |                     |
| Street Address<br><b>50 Exchange Terrace, Suite 320</b>   |                    | Street Address  |                     |
| City<br><b>Providence</b>   | State<br><b>RI</b> | City  | State               |
| Zip<br><b>02903</b>   |                    | 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<br><b>PAUL PLOURDE, ESQ.</b>   |                    | Address<br><b>PLOURDE, BOGUE, MCLAUGHLIN</b>  |                     |
| Address<br><b>50 EXCHANGE TERRACE, 3RD FLOOR</b>  |                    | City<br><b>PROVIDENCE</b>   | Zip<br><b>02903</b> |

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



\* 1 0 9 6 4 7 \*

|                                 |                 |
|---------------------------------|-----------------|
| File Date                       | <b>10/31/02</b> |
| Check No.                       | <b>3758</b>     |
| By:                             | <b>DA</b>       |
| 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 **10-30-02**

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

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 Number DLLC 109647

Annual Report for the year 2001

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, Suite 320, 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 50 EXCHANGE TERRACE, 3RD FLOOR 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, Suite 320, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: real estate

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

| Name                                   | Address   |
|--|---|
| <u>Paul Plourde, Operating Manager</u> | <u>50 Exchange Terrace, Suite 320, Providence, RI 02903</u> |
| <u> </u>                               | <u> </u>  |
| <u> </u>                               | <u> </u>  |

Dated 10/11 2001



1 0 9 6 4 7

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 Pavillion Associates, LLC

Exact Name of Limited Liability Company

By: Paul Plourde

Operating Manager

Title

Form No. 632  
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date: 10-30-01

Check No.: 2398

By:  

**DETACH BOTTOM BEFORE RETURNING**

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained from the Secretary of State's office at 100 North Main Street, Providence, Rhode Island 02903-1335.

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 Number DLLC 109647

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 & LEONARD LTD ONE CITIZENS PLAZA SUITE 900 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. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: real estate

7. 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  
Providence, Rhode Island 02903

Dated 10/31/00



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, LLC

*Exact Name of Limited Liability Company*

By [Signature]

Operating Manager

*Title*

FOR SECRETARY OF STATE USE ONLY

File Date:

**FILED**

Check No.:

NOV 1 2000

By:

By [Signature]

Form No. 632  
Revised 01/99