

Corporations Dursion 100 North Main Street Providence, Rt 02903-1,335 401-222-3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_

2005

Filing Period: Septem (FORM MUST BE TYPED		Filing Fee: \$50.00			<u> </u>		
1 ID So		name of the limited liability company					
109649	East Pavilion's First Mo	avilion's First Mortgage Holder, LLC					
3 State of Formation	3. State of Formation: 4. Brief description of the character of the histness which is actually conducted in Rhode Island.					_	
RHODE ISLAND	INVESTMENTS						
5 Principal office address			Cin	Male	7φ		
50 Exchange	Terrace, Suite 32	20	Providence	RI	02903		
	SS OF LIMITED LIABILIT	TY COMPANY AND NAM	HE OR TITLE OF CONTACT	PERSON:	•		
Contact Name			Contact Tule				
Paul Plourde	<del></del>		Operating Manag	ger			
Siner Address	Townson Cuits 21	00	City	State	Zip		
50 Exchange	Terrace, Suite 32	20	Providence	RI	02903		
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  Paul Plourde							
50 Exchange	Terrace, Suite 32	20	Street Address				
Providence	State RI	<sup>∠ιμ</sup> 02903	City	Naue	Zq.		
Manager Name			Manager Name				
Mréci Address			Street Address				
Cur	Vaic	Zip	City	State	Zip		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Fourth Name Address PAUL PLOURDE, ESQ. PLOURDE, BOGUE, M.					6-11		
50 EXCHANGE TERRACE, SUITE 320			City PROVIDENCE	Zip 02903			

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

	'109649°	
File Date	1545	
By:POR :	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.

Suprature of Authorized Person

Date

Paul Plourde, Operating Manager

Print or Type Name of Authorited 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

#### MITED 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) L. ID No 2. Exact name of the limited liability company 109649 East Pavilion's First Mortgage Holder, LLC A. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENTS **RHODE ISLAND** 5. Principal office address City 50 Exchange Terrace, suite 320 Providence RI 02903 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Paul Plourde Operating Manager Street Address State 50 Exchange Terrace, Suite 320 02903 Providence RI 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)  $\square$ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name Paul Plourde Street Address Street Address 50 Exchange Terrace, Suite 320 ጀው 02903 Providence RI Manager Name Manager Name Street Address Street Address City State Ζip 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 PAUL PLOURDE, ESO. PLOURDE, BOGUE, MCLAUGHLIN Address Zip 50 EXCHANGE TERRACE, 3RD FLOOR PROVIDENCE 02903

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



File Date 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, 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 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_

2003

(FORM MUST BE TYPED			Filing Fee: \$50.00					
1. ID No. 109649		act name of the limited liability company  East Pavilion's First Mortgage Holder, LLC						
3. State of Formation	1	4 Brief description of the character of the business which is actually conducted in Rhixle Island						
RHODE ISLAND INVESTMENTS								
5 Principal office address	5			City	State	7	?ip	
50 Exchange	Terra	ce, Suite 32	20	Providence	R	I	02903	
	SS OF L	MITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT PE	RSON:			
Contact Name Paul Plourde				Contact Title Operating Man	acer			
Street Address	=	<u> </u>	·	<del></del>	<del></del>	<del></del>	27.	
	<b>T</b>	Cuita 10	20	City	State		(ip	
50 Exchange				Providence ABILITY COMPANY, IF APPLIC	RI	1	02903	
7. NAME AND ADD	RESS OF		ES BEFORE USING AT			. n		
AN	Y MODII			FILING OF AMENDMENT, R.I.			52	
Munager Name				Manager Name				
Paul Plourde	2							
Street Address			Street Address					
50 Exchange	Terra	ce, Suite 3	20					
City		State	Zip	City	State	;	lip	
Providence		RI	02903				••••••	
Manager Name				Manager Name				
Street Address		<u>.</u>		Street Address				
City		State	Zip	City	State	;	<i>Цр</i>	
8. RESIDENT AGEN	TIN RH	 ODE ISLAND - D	NOT ALTER Chan	: ges require filing of Form 642				
Agent Name		ODE ISLAND	O NOT ALTER - Chang	Address	2 · R.J.G.L. /·1	10-11		
PAUL PLOURDE, ES	Q			PLOURDE, BOGUE, MCLAI	JGHLIN			
Address			City	Zip				
50 EXCHANGE TERRACE, 3RD FLOOR			PROVIDENCE	02903				
				•			· <u>-</u>	

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 9 *
File Date	10.23.03
Check No	4970
Ву:	<u> </u>
F	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.

Simulation of Analysis of Dec

Date

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 YEAR <u>2002</u>

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

(FORM MUST BE 1	TYPED OR PRINTED IN BL	4CK)				
<i>I. ID No.</i> 109649	The second of th					
		<u> </u>	siness which is actually conducted in	Dhada Island		
3. State of Formatio	1	•	siness wnich is actually conducted in	Knoac Islana		
RHODE ISLAND	INVESTME	NIS				
5. Principal office of	address		City	State	Zip	
50 Exchang	ge Terrace, Suite	320	Providence	RI	02903	
6. MAILING A	DDRESS OF LIMITED	LIABILITY COMPANY	AND NAME OR TITLE O	F CONTACT PERS	SON:	
Contact Name			Contact Title			
Paul Plour	:de		. Operating Mana	ger 		
Street Address		000	City	State	<sup>Zip</sup> 02903	
50 Exchang	ge Terrace, Suite	320	: Providence	RI	02903	
7. NAME AND A	DDRESS OF EACH M.	ANAGER OF THE LIMI	TED LIABILITY COMPAN	Y, IF APPLICABL	E	
		PACES BEFORE USING A		OR ATTACHMENT.	• ,	
	ANY MODIFICATIONS	TO MANAGERS REQUIRE	S FILING OF AMENDMENT. R.I	.G.L 7-16-12 (a) (2) /	7-16-52	
Manager Name			• Manager Name	-		
Paul Plour	rde		•			
Street Address			* Street Address			
50 Exchang	ge Terrace, Suite	320	•			
City	State	Zip	*City	State	Zip	
Providence	≘   RI	02903	:			
Manager Name	• • • • • • • • • • • • • •	• • • • • • • • • • • • •	Munager Name			
			•			
Street Address	<u> </u>		*Street Address			
			•			
City	State	Zip	·City	State	Zip	
			·			
	GENT IN RHODE ISLA	D-DO NOT ALTER- Char	nges require filing of For	m 642 - R.I.G.L. 7-1	6-11	
Agent Name			Address			
PAUL PLOURDE,	ESQ.		PLOURDE, BOGUE, MCLAU	GHLIN		
Address			City	y Zip		
50 EXCHANGE TERRACE, 3RD FLOOR			PROVIDENCE 02903		12903	
	4					
			,			

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



File Date 10 3102
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

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 Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

#### LIMITED LIABILITY COMPANY

D	Number DLLC 109649	Annual Report for the year 2001	1 B	
1.	The name of the limited liability comp	any is:	<u>.</u>	*31
	East Pavilion's First Mortgage Holder	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	he laws of which it is formed is RHODE ISLAND		
4.	The name and address of its resident	t agent is: PAUL PLOURDE, ESQ.		
	PLOURDE, BOGUE, MCLAUGHLIN	50 EXCHANGE TERRACE, 3RD FLOOR PROVIDENCE RIC	2903	
5.	The current mailing address of the lin	nited liability company and the name or title of a person to who	om comr	nunications
	may be directed are: Paul Pl	ourde, Operating Manager	_	
	50 Exchange Terrace, Suite	320, Providence, RI 02903		
6.	A brief statement of the character of	of the business in which the limited liability company is actu	ally enga	aged in this
	state: Investments			
7.	If the limited liability company has ma	anagers, the name and address of each manager of the limite  Address	d liability	company
	Paul Plourde	50 Exchange Terrace, Suite 320, Provide	nce, R	1 02903
	Operating Manager			
			-	
Da	ated Oct 11 2001	Under penalty of perjury, I declare and affirm that I report, including any accompanying schedules at that all statements contained herein are true and correspond to the contained herein are true are true and correspond to the contained herein are true are true and corr	nd stater ect.	
File	FOR SECRETARY OF STATE USE ONLY Date: (0.30-()	By Sau Marish		<del></del>
Che	eck No.: 2398	Operating Manager  Title		<del></del> ,
By:	_			No. 632 ed 01/99

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 DI	LLC	109649
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Annual Report for the year 2000

	<del> </del>	,	in the second se				
1.	The name of the limited liability company is	<b>:</b>	الميان منها المدار رمع عند أو				
	East Pavilion's First Mortgage Holder, LLC						
2.	The address of the principal office of the lin		Ge PH				
	50 Exchange Terrace, 3rd Floor	g. Providence, RI 02903					
3.	The state or other jurisdiction under the lav	vs 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, XRIOURDEXALEONARIXONEXCENTRISCREAZEX SULTERS PROVIDENCE RI02903						
5.	_	liability company and the name or title of a person to who	om communications				
	may be directed are: Paul Plourde, Operating Manager						
	50: Exchange Terrace, 3rd F	Floor, Providence, RI 02903					
6. A brief statement of the character of the business in which the limited liability company is actually state:							
7.	ivame	rs, the name and address of each manager of the limite  Address					
	Paul Plourde	50 Exchange Terrace, 3rd Floor, waaxwiiizeaxxxiiizaxxxiiizeaxxiiizeaxxxiii	ence, RI 02903				
	Operating Manager						
Da	ted /0/3i/00	Under penalty of perjury, I declare and affirm that I report, including any accompanying schedules at that all statements contained herein are true and correspond to the second schedules.  East Pavilion's First Mortgage Hole Exact Name of Limited Liability Company	nd statements, and ect.				
File	FOR SECRETARY OF STATE USE ONLY Date:	By All Glaunt	<u>.                                    </u>				
Che	ck No.: NOV 2000	Operating Manager	F N =				
Ву	By 70#9529	74	Form No. 632 Revised 01/99				