

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

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Filing Period: September 1 - November 1 -	Filing Fac. \$50.00		

400064		PRINTED IN BLACK) tact name of the limited liabilty company					
136054	L	COMMONS, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island					
State of Formation		4. Brief description	oj the character of the	business which is actually conduct	ed in Rhode Island		
RHODE ISLAN							
5. Principal office address			City	State	Zip		
177 OLD RIVER ROAD			LINCOLN	RI	02865-		
6. MAILING AI Contact Name	DURESS O	F LIMITED LI	ABILITY, COMPA	NYAND NAME OR TITU	É OF GONTÂCT	PERSON:	
Loniaci Name COLIN P KANE			Contact Title				
ireet Address				City	State	Zip	
293 BOURNE AVENUE			RUMFORD	RI	02916-		
. NAME AND A		FILL IN SPAC	ES BEFORE USING	IMITED LIABILITY CO ATTACHMENTS X 80X RES FILING OF AMENDMENT	FOR ATTACHMEN	页回 。	
anager Name				Manager Name			
Colin P. Ka	ne			Gregory Richa	rd		
ireet Address				· Sireei Address		-	
293 Bourne	Avenue	la		.177 Old River			
City Rumford		State RI	<i>Zip</i> 02916	*City	State RI	Zip 02865	
Manager Name	• • • • •	ያ <u>ሮ</u> ች	102316	Lincoln 'Manager Name	l ^{k1}		
				ereneger reunc			
Street Address				·Sircet Address			
City		State	[e:_	· · · · · · · · · · · · · · · · · · ·			
.uy		Julie	Zip	.City	State	Zip	
MICHAEL F. SWEENEY, ESQ. Address			Address ONE TURKS HEA City	TE 1200			
						E-19	
				PROVIDENCE	···	02903-	
Address .	t be signed	in ink by an a	uthorized person j	PROVIDENCE pursuant to 7-16-66.	···	'	
Address This report musi	1 3 6	0 5 4	uthorized person j	oursuant to 7-16-66. Under penalty of this report, include	ling any accompanyi	d affirm that I have examined ing schedules and statements,	
Address	10/21/05	0 5 4	uthorized person j	Under penalty of this report, included and that all states	ling any accompanyi	d affirm that I have examined	



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iling Period: Se	eptember 1	- November 1 🏓	PANY ANNU Filing Fee: \$50.00	AL REPORT F	OR THE YEA	.R
FORM MUST BE T . ID No.		RINTED IN BLACK)	ahiltu companu			
36054		ct name of the limited liabilty company				
State of Formation				ess which is actually conducte	d in Rhode Island	
RHODE ISLAND Real Estate						
Principal office a	address	L		City	State	Zıp
177 OLD RIVER ROAD				LINCOLN	RI	02865-
6. MAILING A	DDRESS	F LIMITED LIA	BILITY COMPANY	AND NAME OR TITLE	OF CONTACT PER	SON
<i>omacı Name</i> Colin P. Ka	ıne			• Contact Title		•
ireei Address				City	State	Zip
93 Bourne .	Avenue			.Rumford	RI	02916
	**************************************	FILL IN SPACE	S BEFORE USING AT	ITED TIABILITY CON FACHMENTS: ('X" BOX FILING OF AMENDMENT: Manager Name	FOR ATTACHMENTO	
Colin P. Ka	ine			Gregory Richa:	rd	
itreet Address				• Street Address		
293 Bourne	Avenue			:177 Old River	Road	
City		State	Zıp	City	State	Zip
Rumford <i>Manager Name</i>		JRI	02916	Lincoln	RI	02865
tanager (vanie				*Manager Name		
ireei Address		•		*Street Address		
Tity		State	Zıp	City	State	Ζιρ
gent Name MICHAEL F. S	SWEENEY	, ESQ.			D PLACE, SUITE	
Address				City		ip .
<u> </u>				PROVIDENCE		02903-
^c his report mus	st be signed	din ink by an au	thorized person pur.	suant to 7-16-66.	FILED SEP 162	004 <u>~</u> 11874
136054 DLL File Date Check No.	1 3 C 09/10/04	10:42:01 AM	2EP 16 2 27	this report, include		firm that I have examined schedules and statements, re true and correct.
By: FOR SECRETAR	Y OF STATE	NE DIALE	11 1409A00 1 14472A032	Gregory F	Richard e of Authorized Person	Form 632 Rev. 6



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 2004

riling Periou: Se (FORM MUST BE T	•	vember I. 🗣 - Filir ED IN BLACK)	ig Fee: \$50.00					
1. ID No. 136054	2. Exact name	xact name of the limited liabilty company SSCOMMONS, LLC						
3. State of Formation	n 4. Br	ief description of the chi	aracter of the business	which is actually condu	cted in Rhode Island			
RHODE ISLAN	۱D Re <i>t</i>	l Estate						
5. Principal office a	ddress			City	State		Zip	
177 OLD RIVER ROAD				LINCOLN	RI		02865-	
6. MAILING AL	DDRESS OF LI	MITED LIABILIT	Y COMPANY AN	D NAME OR TITE	E OF CONTACT	PERSON:	-/	
Contact Name				Contact Title				
Colin P. Ka	ne			•				
Street Address		-		City	State	-	Zip	
293 Bourne A	Avenue			.Rumford	RI		02916	
7. NAME AND A	F	ILL IN SPACES BEFO	ORE USING ATTAC	ED LIABILITY CO CHMENTS ("X" BO LING OF AMENDMEN	X FOR ATTACHMEN	'ח 🗆		
Manager Nome				· Manager Name			•	
Colin P. Kane				Gregory Richard				
Street Address	·		<u> </u>	· Street Address				
293 Bourne	Avenue			177 Old Rive	r Road			
City	State	Zip		*City	State		Zip	
Rumford	RI	029	916	Lincoln	RI		02865	
Manager Name		• • • • • • • • • • • • • • • • • • • •	• • • • • • • •	Manager Name		• • • • • •	1	
Street Address				Street Address				
City	State	Zip		City	State		Zip	
8. RESIDENT AC	SENT IN RHOD	E ISLAND DO NOT	ALTER- Changes	require filing of	f Form 642 - R.I.(ZL. 7-16-11		
Agent Name				Address				
MICHAEL F. S	WEENEY, ES	Q .		ONE TURKS HE	AD PLACE, SUI	TE 1200		
Address				City	·	Zip	_	
				PROVIDENCE	02903-			
			<u> </u>		 	102703		

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

136054	DLLC 09/10/04 10:42:01 AM
File Date	9/16/04
Check No	1032
Bv:	DA

FOR SECRETARY OF STATE USE ONLY

signatule of Authorized Person

Trin or Type Name of Authorized Person

this report, including any accompanying schedules and statements, and diated statements contained herein are true and correct.

Signatule of Authorized Person

Date

Cregory Richard

Print or Type Name of Authorized Person

Under penalty of perjury, I declare and affirm that I have examined