

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

r iling Period: Sepi (FORM MUST BE TY)	lember 1 <u>PED OR P</u> i	- November 1 ● RINTED IN BLACK)	Filing Fee: \$50	.00		
7. ID No. 117954	2. Exac	t name of the limited li TH ROAD LAND	iabilty company	<u> </u>		
3. State of Formation	1			business which is actually conduct	ed in Rhade Island	
RHODE ISLAND	)	TO ACQUIRE, I	EVELOP, LEASE	, MANAGE AND SELL REI	AL ESTATE	
5. Principal office address 2435 WARWICK AVENUE			City WARWICK	State RI	Zip 02889-	
6. MAILING ADD Contact Name PAUL F GREEN	RESS C	OF LIMITED LIAI	BILITY COMPAN	Contact Title	OF CONTACT PE	
Street Address 2435 WARWICK	AVENUE			City WARWICK	State RI	<i>Zip</i> 02889-
7. NAME AND AD		FILL IN SPACES	S BEFORE USING	IMITED LIABILITY CON ATTACHMENTS ("X" BOX RES FILING OF AMENDMENT.	FOR ATTACHMENT) [	ABLE
Manager Name		-		•Manager Name	10.0.C 7-10-12 (d) (2)	7 7-10-02
Street Address				Street Address	<u></u>	
City		State	Zip	City	State	Zip
Manager Name	• • • •	• • • • • • • • • •		Manager Name		
Street Address				Street Address	· · · · · · · · · · · · · · · · · · ·	
Cîty	-	State	Zip	City	State	Zip
8. RESIDENT AGE	NT IN RI	HODE ISLAND -DO	NOT ALTER- Cha	inges require filing of I	Form 642 - R.I.G.L.	-16-11
ROBERT D. WIE	CK, ES	Q.		Address 101 DYER STRE	ET, SUITE 400	
Address				City		Сір
MACADAMS & WI	ECK IN	CORPORATED		PROVIDENCE		02903-
This report must be	e signed	in ink by an aut)	norized person pi	ursuant to 7-16-66.		
	1 7	9 5 4		Under penalty of n	eriury   declare and aff	firm that I have examined
File Date OCT	ILE 267	D 005 (00		this report, includi	ng any accompanying sents contained herein ar	chedules and statements,
Check No. By	1	100		Signature of Authoriz	sed Person	Date



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

Filing Period: Septe	mber 1 - Novembe	er 1 • Filing Fee: \$.	MUAL REPURT F	OR THE YEA	AR
(FORM MUST BE TYPE	ED OR PRINTED IN I	BLACK)			
1. ID No. 117954		t name of the limited liabilty company TH ROAD LAND COMPANY, LLC			
3. State of Formation 4. Brief description of the character				ed in Rhode Island	
RHODE ISLAND	TO ACQU	IRE, DEVELOP, LEA	SE, MANAGE AND SELL REA	AL ESTATE	
5. Principal office address 2435 WARWICK AVENUE		City WARWICK	State RI	Zip 02889-	
6. MAILING ADDI Contact Name PAUL F GREEN	RESS OF LIMITE	ED LIABILITY COMP.	ANY AND NAME OR TITLE	OF CONTACT PER	
Street Address 2435 WARWICK A	VENUE		City WARWICK	State R I	<i>Zip</i> 02889-
7. NAME AND ADD	FILL IN	SPACES BEFORE USING	LIMITED LIABILITY CON G ATTACHMENTS ("X" BOX UIRES FILING OF AMENDMENT. • Manager Name		ABLE
Street Address			•		
Sireer Muuress			Sireet Address		
City	State	Zip	*City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	Siale	Zip
8. RESIDENT AGEN	T IN RHODE ISLA	ND DO NOT ALTER- CI	hanges require filling of F	orm 642 - R.I.GL 7-1	16-11
Agent Name ROBERT D. WIEC			Address	• •• ••	· · · · · · · · · · · · ·
Address	.n, esq.		101 DYER STREE	<del></del>	
MACADAMS & WIE	CK INCORPORA	TED	PROVIDENCE		2903-
					2903-
<sup>r</sup> his report must be :	signed in ink by	an authorized person	pursuant to 7-16-66.		
*117954 DLLC 09/	1 7 9 5 4 09/04 09:18:35 A	AM*	this report, includin	crjury, I declare and affiring any accompanying set nts contained herein are	edules and statements,
Check No.	30		Signature of Authorize	ed Person	76 1 G 1 C 9
B <sub>Y:</sub>	MF		Paul F. Gre		
FOR SECRETARY OF ST	TATE USE ONLY		Print or Type Name o	Authorized Person	



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 TY	<u>Pe</u> d or printed .	IN RLACIO				
	2 Frankmann - I					
117954		t name of the limited liabilty company TH ROAD LAND COMPANY, LLC				
3. State of Formation	4. Brief	4. Brief description of the character of the business which is actually conducted in Rhode Island				
RHODE ISLAND		COUIRE, DEVELOP, LE	ASE, MANAGE AND SELL R	EAL ESTATE		
5. Principal office add			City	State	Zip	
2435 WARWICK AVENUE			WARWICK	RI	02889-	
6. MAILING ADI Contact Name PAUL F GREEN		TED LIABILITY COM	PANY AND NAME OR TITI Contact Title MEMBER	E OF CONTACT I	PERSON:	
Street Address			City	State	Zip	
2435 WARWICK	AVENUE		. WARWICK	RI	02889-	
Manager Name Street Address		<u> </u>	• Manager Name • Street Address		<u>-</u>	
CAPECT MULLESS			*Street Address			
City	State	Zip	City	State	Zip	
Manager Name	J		Manager Name			
Street Address	<u> </u>	<del></del>	• Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGE	NT IN RHODE IS	LAND DO NOT ALTER (	Changes require filing of	Form 642 - R.I.G.L		
ROBERT D. WIE	CK, ESQ.		101 DYER STR	EET, SUITE 400	1	
Address			City		Zip	
MACADAMS & WIECK INCORPORATED			PROVIDENCE	· · · · · · · · · · · · · · · · · · ·		
			<del></del>			

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



*117954	DLLC 09/15/09 03:29:17 PM*
File Date_	
Check No.	OCT 2 1 2003
В <u>у;</u>	By 19444
FOR SECR	ETARY 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 F. Green 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 TY	PED OR PRINTED IN BL	ICA)				
1. ID No. *117954*	2. Exact name of the lin	t name of the limited liability company TH ROAD LAND COMPANY, LLC				
3. State of Formation	4. Brief descrip	tion of the character of th	re business which is actually cond	ucted in Rhode Island		
RHODE ISLAND	TO ACQUIR	E, DEVELOP, LEA	SE, MANAGE AND SELL F	REAL ESTATE		
5. Principal office add 2435 Warwick			City Warwick	State R I	<i>Zip</i> 02889	
6. MAILING ADI Contact Name Paul F. Gree		LIABILITY COMP	ANY AND NAME OR TIT Contact Title MEMBER	LE OF CONTACT PE	RSON:	
Street Address			City	State	Zip	
2435 Warwick	Avenue		.Warwick	RI	02889	
_			UIRES FILING OF AMENDMEN			
<u> </u>			• Manager Name	····		
Manager Name Street Address			• Manager Name • Street Address			
<u> </u>	State	Zip	•	State	Zip	
Street Address	State		• Street Address	State	Zip	
Street Address City	State		• Street Address • City	State	Zip	•••
Street Address  City  Manager Name	State		* Street Address  *City  *Manager Name	State State	Zip	•••
Street Address  City  Manager Name  Street Address  City  8. RESIDENT AGE	State	Zip Zip	**Street Address  **City  **Manager Name  **Street Address	State	Zip	
Street Address  City  Manager Name  Street Address  City  8. RESIDENT AGE	State	Zip Zip	*Street Address  *City  *Manager Name  *Street Address  *City	State	Zip	
Street Address  City  Manager Name  Street Address  City	State ENT IN RHODE ISLAN	Zip Zip	City  Manager Name  Street Address  City  Changes require filing of Address	State	Zip	
Street Address  City  Manager Name  Street Address  City  8. RESIDENT AGI Agent Name	State ENT IN RHODE ISLAN	Zip Zip	City  Manager Name  Street Address  City  Changes require filing of Address	State of Form 642 - R.I.GL. REET, SUITE 400	Zip	

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

	*
*117954 DL	LC10/3/028:57:58 AM*
File Date	
Check No.	4937
By;	72
	RY 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.

Date

Signature of Authorized Person

Paul F. Green

Print or Type Name of Authorized Person

Form 632 Rev. 6/02