



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 119355		2. Exact name of the limited liability company Turtle Partners, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, OWN, OPERATE, MAINTAIN, MANAGE, LEASE, DEVELOP & SELL PROPERTY	
5. Principal office address 17 LLOYD LANE		City PROVIDENCE	State RI Zip 02906
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MURRAY S. DANFORTH, III		Contact Title	
Street Address 17 LLOYD LANE		City PROVIDENCE	State RI Zip 02906
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Murray S. Danforth, III		Manager Name	
Street Address 17 Lloyd Lane		Street Address	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Providence	RI	Providence	RI
Zip	02906	Zip	02906
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ANDREW W. DAVIS, ESQ.		Address 101 DYER STREET	
Address		City PROVIDENCE	Zip 02903

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



1 1 9 3 5 5

\*119355 DLLC 07/06/04 04:10:42 PM\*

File Date \_\_\_\_\_

Check No. **FILED**

By: **SEP 13 2005**

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.

Murray S. Danforth, III 7 Sept 05  
Signature of Authorized Person Date  
Murray S. Danforth, III  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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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. 119355		2. Exact name of the limited liability company Turtle Partners, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, OWN, OPERATE, MAINTAIN, MANAGE, LEASE, DEVELOP & SELL PROPERTY	
5. Principal office address 17 LLOYD LANE		City PROVIDENCE	State RI Zip 02906
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MURRAY S. DANFORTH, III		Contact Title .	
Street Address 17 LLOYD LANE		City PROVIDENCE	State RI Zip 02906
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Murray S. Danforth, III		Manager Name .	
Street Address 17 Lloyd Lane		Street Address .	
City Providence	State RI	Zip 02906	City .
Manager Name .	State .	Zip .	Manager Name .
Street Address .		Street Address .	
City .	State .	Zip .	City .
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ANDREW W. DAVIS, ESQ.		Address 101 DYER STREET	
Address .		City PROVIDENCE	Zip 02903

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



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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.

Murray S. Danforth, III 7 Sept '04  
Signature of Authorized Person Date  
Murray S. Danforth, III  
Print or Type Name of Authorized Person

\*119355 DLLC 07/06/04 04:10:42 PM\*

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY



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**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 119355		2. Exact name of the limited liability company Turtle Partners, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Acquire, own, operate, maintain, manage, lease, develop and sell property	
5. Principal office address 17 LLOYD LANE		City PROVIDENCE	State RI Zip 02906 -
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Murray S. Danforth, III		Contact Title Manager	
Street Address 17 LLOYD LANE		City PROVIDENCE	State RI Zip 02906 -
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Murray S. Danforth, III		Manager Name .	
Street Address 17 Lloyd Lane		Street Address .	
City Providence	State RI	Zip 02906	City .
Manager Name .		Manager Name .	
Street Address .		Street Address .	
City .	State .	Zip .	City .
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ANDREW W. DAVIS, ESQ.		Address 101 DYER STREET	
Address .		City PROVIDENCE	Zip 02903 -

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



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*119355 DLLC 09/18/03 02:40:01 PM*	
File Date	SEP 18 2003
Check No.	By m6395
By	
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.

Murray S. Danforth, III 11 Sept 03  
Signature of Authorized Person Date  
Murray S. Danforth, III  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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 TYPED OR PRINTED IN BLACK)

1. ID No. *119355*		2. Exact name of the limited liability company Turtle Partners, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Acquire, own, operate, maintain, manage, lease, develop and sell property	
5. Principal office address 17 HALSEY STREET		City PROVIDENCE	State RI Zip 02906-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Murray S. Danforth, III		Contact Title Mgr	
Street Address 17 Halsey Street		City Providence	State RI Zip 02906
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("A" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Murray S. Danforth, III		•Manager Name .	
Street Address 17 Halsey Street		•Street Address .	
City Providence	State RI	Zip 02906	•City .
•Manager Name .		•Manager Name .	
Street Address .		•Street Address .	
City .	State .	Zip .	•City .
•Street Address .		•Street Address .	
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ANDREW W. DAVIS, ESQ.		Address 101 DYER STREET	
Address .		City PROVIDENCE	Zip 02903-

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



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*119355 DLLC8/14/023:13:40 PM*
File Date: 9-16-02
Check No. 36909
By: tmf
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.

Murray S. Danforth, III 14 Sept, 02  
Signature of Authorized Person Date  
Murray S. Danforth, III  
Print or Type Name of Authorized Person