

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) I. ID No. 2. Exact name of the limited liability company 119355 Turtle Partners, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation ACQUIRE, OWN, OPERATE, MAINTAIN, MANAGE, LEASE, DEVELOP & SELL PROPERTY RHODE ISLAND 5. Principal office address City State Zip 17 LLOYD LANE PROVIDENCE RI 02906 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title MURRAY S. DANFORTH, III Street Address Cirv State Zip 17 LLOYD LANE . PROVIDENCE RI 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) \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 Murray S. Danforth, III Street Address · Street Address 17 Lloyd Lane City State Zip ·City State 7ip Providence RI 02906 Manager Name Manager Name Street Address ·Sireei Address Cir State 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 ANDREW W. DAVIS, ESQ. 101 DYER STREET Address City Zıp PROVIDENCE 02903

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



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| 2005 | |
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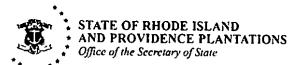
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

MVIN Signature of Authorized Person

Murray S. Danforth, III

Print or Type Name of Authorized Person

Form 632 Rev. 6/02

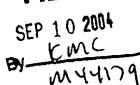


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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

| Filing Period: Septe (FORM MUST BE TYP) | | | Filing Fce: \$50.00 | | | |
|--|----------|-----------------------|-----------------------|--|-------------------|---------------------|
| 1. ID No. 119355 | 2. Exact | name of the limited a | liability company | | ···· | |
| 3. State of Formation | | | | ess which is actually conducted | | |
| RHODE ISLAND | | ACQUIRE, OWN | , OPERATE, MAINTA | IIN, MANAGE, LEASE, | DEVELOP & SI | LL PROPERTY |
| 5. Principal office address 17 LLOYD LANE | | | | City PROVIDENCE | State RI | <i>Zip</i> 02906 |
| Contact Name MURRAY S. DAN | | | BILITY COMPANY | Contact Title | OF CONTACT | PERSON: |
| Sirect Address 17 LLOYD LANE | | | - | City PROVIDENCE | State R I | Zip 02906 |
| 7. NAME AND AD | | FILL IN SPACE | S BEFORE USING ATT | TED LIABILITY COME ACHMENTS ("X" BOX FO FILING OF AMENDMENT. R | OR ATTACHMEN | ח ת |
| Manager Nume | | | | ·Manager Name | | |
| Murray S. Dan | forth, | III | | • | | ļ |
| Street Address | | | · · | · Street Address | | |
| 17 Lloyd Lane | | | | • | | |
| City | | State | Zip | *City | State | Zip |
| Providence | | RI | 02906 | • | ľ | · |
| Manager Name | | | • • • • • • • • • • • | Manager Name | • • • • • • • • • | •••••• |
| Street Address | | | | Sircei Address | | |
| City | | State | Zip | .City | State | Zip |
| 8. RESIDENT AGE | NT IN RE | ODE ISLAND -D | O NOT ALTER- Chang | es require filing of Fo | orm 642 - R.I.G | L., 7-16-11 |
| Agent Name | | | · | Address | · | |
| ANDREW W. DA | VIS, ES | Q. | | 101 DYER STREET | r | |
| Address | | | | City | | Zip |
| | | | · · | PROVIDENCE | <u> </u> | 02903 |
| | | | | | FILE | D |

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



| *119355 DLLC 07/06/04 04:10:42 PM* |
|------------------------------------|
| File Date |
| Check No. |
| |

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. |

Murra SDAMFIH 7 Sept 64
Signature of Authorized Person Date

Murray S. Danforth, III
Print or Type Name of 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 TYP. | | | i 💆 Filing Fee: \$50. 4CK) | .00 | | |
|---|----------|--------------------------------|---|--------------------------------------|--|-----------------|
| 1. ID No. 119355 | 2. Exact | name of the lit Partners, L | nited liabilty company | <u> </u> | | |
| 3. State of Formation | | 4. Brief descrip | otion of the character of the l | business which is actually conducted | in Rhode Island | |
| RHODE ISLAND Acquire, own, operate, main | | | ntain, manage, lease, | develop and | sell property | |
| 5. Principal office addr 17 LLOYD LANE | | | | Cin. PROVIDENCE | State RI | 7.ip 02906 - |
| 6. MAILING ADD | RESS O | FLIMITED | LIABILITY COMPAN | NY AND NAME OR TITLE | OF CONTACT | PERSON: |
| Contact Name Murray S. Dan | | | | Contact Title Manager | | |
| Street Address | | | | City | State | Zip |
| 17 LLOYD LANE | | | | . PROVIDENCE | RI | 02906- |
| Manager Name | ANY MO | | PACES BEFORE USING TO MANAGERS REQUI | RES FILING OF AMENDMENT. R | <i>UR ATTACIIMENT</i> L.I.G.L 7-16-12 (a) | |
| Murray S. Dan | forth, | III | | : | | |
| Street Address | | • | · | * Sireei Address | | |
| 17 Lloyd Lane | | | | • | | |
| City | | State | Zip | *City | State | Zip |
| Providence | | RI | 02906 | · • | | |
| Manager Name | | | | Manager Name | • • • • • • • | ••••••••••• |
| Street Address | | | | ·Street Address | <u> </u> | |
| City | 1 | State | Zip | City | State | Zip |
| 8. RESIDENT AGE! | YT IN RE | IODE ISLAN | ID -DO NOT ALTER- Chi | anges require filling of Fo | orm 642 - R.I.G. | i 7-16-11 |
| Agent Name | | | | Address | | |
| ANDREW W. DA | VIS, ES | Q. | | 101 DYER STREET | r | |
| Address | | | City | City | | |
| | | | PROVIDENCE | | 02903- | |
| | | | | | | |

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



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| File Date | |
| Check No. | SEP 18 2003 |
| θ_{Y_i} | By M4395 |
| FOR SECRI | 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.

Murray S. Danforth, III
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 TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liabilty company *119355* Turtle Partners, LLC 3. State of Formation 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 RHODE ISLAND 5. Principal office address City State 17 HALSEY STREET PROVIDENCE RI 02906-6 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title Murray S. Danforth, III .Mgr Street Address City State Zin 17 Halsey Street . Providence RI 02906 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE IN SPACES BEFORE USING ATTACHMENTS $-("\lambda" BOX FOR ATTACHMENT)$ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Murray S. Danforth, III Sircei Address Street Address 17 Halsey Street City State Zip State Zip Providence ŔI 02906 Manager Name Manager Name Street Address ·Sircei Address Cin State State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Agent Name Address ANDREW W. DAVIS, ESQ. 101 DYER STREET Address City Zip **PROVIDENCE** 02903-

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| *119355 | DLLC8/14/023:13:40 PM* |
| File Date | 9-110-07 |
| Check No. | 36419 |
| B <u>v:</u> | tmr |

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

14 Sept, 02

Signature of Authorized Person

Murray S. Danforth, III
Print or Type Name of Authorized Person