



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. 90758		2. Exact name of the limited liability company Valley Place Office Park, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, OWNING, DEVELOPING, LEASING, SELLING AND INVESTING IN REAL PROPERTY.	
5. Principal office address 6 BLACKSTONE VALLEY PLACE, #603		City LINCOLN	State RI Zip 02865
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name HENRY J KEIGWIN		Contact Title	
Street Address 6 BLACKSTONE VALLEY PLACE, #603		City LINCOLN	State RI Zip 02865-
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 N/A		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	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 JOSEPH F. WHINERY, JR.		Address 56 EXCHANGE TERRACE	
Address CAMERON & MITTLEMAN		City PROVIDENCE	Zip 02903

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



9 0 7 5 8

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
Henry J. Keigwin
Print or Type Name of Authorized Person

90758 DLLC 09/08/03 04:07:28 PM

File Date 9/20/05

Check No. 11158

By: AD

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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 90758		2. Exact name of the limited liability company Valley Place Office Park, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, OWNING, DEVELOPING, LEASING, SELLING AND INVESTING IN REAL PROPERTY.	
5. Principal office address 6 BLACKSTONE VALLEY PLACE, SUITE 401		City LINCOLN	State RI
		Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name HENRY J KEIGWIN		Contact Title	
Street Address 6 BLACKSTONE VALLEY PLACE, SUITE 401		City LINCOLN	State RI
		Zip 02865-	
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 N/A		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 JOSEPH F. WHINERY, JR.		Address 56 EXCHANGE TERRACE	
Address CAMERON & MITTLEMAN		City PROVIDENCE	Zip 02903

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



9 0 7 5 8

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

Henry J. Keigwin

Print or type Name of Authorized Person

90758 DLLC 09/08/03 04:07:28 PM

File Date 10/22/04

Check No. 10939

By: W.

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. 90758		2. Exact name of the limited liability company Valley Place Office Park, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, OWNING, DEVELOPING, LEASING, SELLING AND INVESTING IN REAL PROPERTY.			
5. Principal office address 6 BLACKSTONE VALLEY PLACE, SUITE 401		City LINCOLN	State RI	Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name HENRY J KEIGWIN		Contact Title			
Street Address 6 BLACKSTONE VALLEY PLACE, SUITE 401		City LINCOLN	State RI	Zip 02865-	
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 N/A		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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 JOSEPH F. WHINERY, JR.		Address 56 EXCHANGE TERRACE			
Address CAMERON & MITTLEMAN		City PROVIDENCE	Zip 02903		

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



9 0 7 5 8

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 9/30/03

Print or Type Name of Authorized Person

90758 DLLC 09/08/03 04:07:28 PM

File Date 10/21/03

Check No. 10666

By:

FOR SECRETARY OF STATE USE ONLY



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. *90758*		2. Exact name of the limited liability company Valley Place Office Park, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, OWNING, DEVELOPING, LEASING, SELLING AND INVESTING IN REAL PROPERTY.	
5. Principal office address 6 BLACKSTONE VALLEY PLACE, SUITE 401		City LINCOLN	State RI Zip 02865
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name HENRY J KEIGWIN Contact Title			
Street Address 6 BLACKSTONE VALLEY PLACE, SUITE 401		City LINCOLN	State RI Zip 02865-
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 N/A		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City State Zip
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*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 JOSEPH F. WHINERY, JR.		Address 56 EXCHANGE TERRACE	
Address CAMERON & MITTLEMAN		City PROVIDENCE	Zip 02903

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



* 9 0 7 5 8 *

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 10/28/02

Print or Type Name of Authorized Person Henry J. Keigwin

90758 DLLC8/22/0211:44:04 AM

File Date 10-28-02

Check No. 10437

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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 DLLC 90758

Annual Report for the year 2001

1. The name of the limited liability company is:

Valley Place Office Park, LLC

2. The address of the principal office of the limited liability company is:

6 Blackstone Valley Place, Suite 401, Lincoln, Rhode Island 02865

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: JOSEPH F. WHINERY, JR.

CAMERON & MITTLEMAN 56 EXCHANGE TERRACE PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Henry J. Keigwin, 6 Blackstone Valley Place, Suite 401,

Lincoln, Rhode Island 02865

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: acquiring, owning, developing, leasing, selling and otherwise investing in real property

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address

Dated September, 2001



9 0 7 5 8

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.

Valley Place Office Park, LLC

Exact Name of Limited Liability Company

By

[Signature]
Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY
File Date: 9-27-01

Check No.: 10198

By: [Signature]

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040, or from our web site at www.state.ri.us

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 DLIC 90758

Annual Report for the year 2000

1. The name of the limited liability company is:

Valley Place Office Park, LLC

2. The address of the principal office of the limited liability company is:

6 Blackstone Valley Place, Suite 401, Lincoln, RI 02865

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: JOSEPH F. WHINERY, JR.

CAMERON & MITTLEMAN 56 EXCHANGE TERRACE PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Henry J. Keigwin, 6 Blackstone Valley Place, Suite 401,

Lincoln, RI 02865

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: for purposes of acquiring, owning, developing, leasing, selling and otherwise investing in real property

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated September, 2000



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.

Valley Place Office Park, LLC

Exact Name of Limited Liability Company

By Joseph F. Whinery, Jr.

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

9/29

Check No.:

1567

By:

an

Form No. 632
Revised 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 LL 90758

Annual Report for the year 1999

1. The name of the limited liability company is:

Valley Place Office Park, LLC

2. The address of the principal office of the limited liability company is:

6 Blackstone Valley Place, Suite 401, Lincoln, RI 02865

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: JOSEPH F. WHINERY, JR.

CAMERON & MITTLEMAN 56 EXCHANGE TERRACE PROVIDENCE, RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Henry J. Keigwin, 6 Blackstone Valley Place,

Suite 401, Lincoln, RI 02865

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: for the purposes of acquiring, owning, developing, leasing, selling and otherwise investing in real property

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated _____



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.

Valley Place Office Park, LLC

Exact Name of Limited Liability Company

By _____

Henry J. Keigwin
Managing Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10-7-99

Check No.: 1411

By: AMF

Form No. 632
Revised 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 LL 90758

Annual Report for the year 1998

1. The name of the limited liability company is:

Valley Place Office Park, LLC

2. The address of the principal office of the limited liability company is:

6 Blackstone Valley Place, Suite 401, Lincoln, RI 02865

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: JOSEPH F. WHINERY, JR.

CAMERON & MITTLEMAN 56 EXCHANGE TERRACE PROVIDENCE, RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Henry J. Keigwin, 6 Blackstone Valley Place, Suite 401,

Lincoln, RI 02865

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: for the purposes of acquiring, owning, developing, leasing, selling and otherwise investing in real property

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Henry J. Keigwin
Henry, Connecticut

28 Narragansett Bay Ave Narragansett
27 Thurston Blvd Smithfield 02913

Dated September, 1998



* 9 0 7 5 8 *

FOR SECRETARY OF STATE USE ONLY

File Date: 10-16-98

Check No.: 1223

By: UP

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.

Valley Place Office Park, LLC

Exact Name of Limited Liability Company

By

Title

Form No. LLC-19
Revised 8/97

DETACH BOTTOM BEFORE RETURNING

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

LIMITED LIABILITY COMPANY

ID Number 0090758

Annual Report for the year 1997

1. The name of the limited liability company is:
Valley Place Office Park, LLC
2. The address of the principal office of the limited liability company is:
6 Blackstone Valley Place, Suite 401, Lincoln, RI 02865
3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island
4. The name and address of its resident agent is: Joseph F. Whinery, Jr., Esq., Cameron & Mittleman,
56 Exchange Terrace, Providence, RI 02903
5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Henry J. Keigwin, 6 Blackstone Valley Place, Suite 401,
Lincoln, RI 02865
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: For the purposes of acquiring, owning, developing, leasing, selling & otherwise investing in real property.
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

N/A

Name

Address

Dated Oct 21, 19 97

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.

VALLEY PLACE OFFICE PARK, LLC

Exact Name of Limited Liability Company

By

Henry J. Keigwin
Managing Member

Title

PAID
OCT 23 1997
SEC'Y OF STATE