

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 TYPE	D OR PRINTED IN BLA				
1. ID No.	2. Exact name of the limited liabilty company				
90758	Valley Place Offic	•			
3. State of Formation	I		e business which is actually conduc		•
RHODE ISLAND	ACQUIRING	, OWNING, DEVEL	OPING, LEASING, SELLIN	G AND INVESTING	IN REAL PROPERTY.
5. Principal office addre	ss		City	State	Zip
6 BLACKSTONE V	VALLEY PLACE,	#603	LINCOLN	RI	02865
6. MAILING ADDE Contact Name HENRY J KEIGW		LIABILITY COMP	ANY AND NAME OR TITL Contact Title	E OF CONTACT P	ERSON:
Street Address			City	State	Zip
6 BLACKSTONE V	ALLEY PLACE, #	603	.LINCOLN	RI	02865-
Manager Name		PACES BEFORE USIN TO MANAGERS REQ	G ATTACHMENTS ("X" BO. UIRES FILING OF AMENDMENT Manager Name	X FOR ATTACHMENT) T. R.I.G.L 7-16-12 (a) (2	_
N/A			•		
Street Address			• Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			•Sireei Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGEN	T IN RHODE ISLAN	D -DO NOT ALTER- C	hanges require filing of	Form 642 - R.I.G.L	. 7-16-11
Agent Name			Address		
JOSEPH F. WHIN	IERY, JR.		56 EXCHANGE	TERRACE	
Address			City		Zip
CAMERON & MIT	TLEMAN		PROVIDENCE	PROVIDENCE 02903	

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



90758 E	LLC 09/08/93 04:07:28 PM	
File Date	9/20/05	_
Check No.	11158	
Ву:	\mathcal{A}	
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.

Signaturan Authorized Person

Date

Henry J. Keigwin

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 2004 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

I. ID No.	2. Exact name of the lin	iited liabilty company			
90758	Valley Place Office Park, LLC				
State of Formation	4. Brief descrip	tion of the character of th	e business which is actually conduc	ted in Rhode Island	
RHODE ISLAND	ACQUIRING	, OWNING, DEVELO	OPING, LEASING, SELLIN	IG AND INVESTIN	G IN REAL PROPERTY.
Principal office add	ress		City	State	Zip
BLACKSTONE	VALLEY PLACE, S	SUITE 401	LINCOLN	RI	02865
6. MAILING ADD	RESS OF LIMITED	LIABILITY COMP	ANY AND NAME OR TITL	E OF CONTACT	PERSON:
ENRY J KEIG	VIN .		Contact Title		
treet Address			City	State	Zip
BLACKSTONE	VALLEY PLACE, S	UITE 401	.LINCOLN	RI	02865-
. NAME AND AD	FILL IN S	PACES BEFORE USING	LTMTTED L(ABIL(TY CO G ATTACHMENTS ("X" BO) UIRES FIUNG OF AMENDMENT	X FOR ATTACHMENT	<i>ח</i> □
anager Name			· Manager Name		····
unager Name					
			•		
N/A Greet Address			*Street Address		
/A preet Address			Street Address		
/A reet Address	State	Zip	•	State	Zip
I/A preel Address	State	Zip	Street Address	State	Zip
I/A	State	Zip	• Street Address • City	State	Zip
I/A Treet Address Treet Address	State	Zip	Street Address *City *Manager Name	State	Zip Zip
/A Treet Address ity ianager Name Treet Address	State	Zip	*Street Address *City *Manager Name *Street Address *City	State	Z _p
I/A treet Address fanager Name treet Address try RESIDENT AGE	State	Zip	*Street Address *City *Manager Name *Street Address	State	Z _p
/A reel Address ity fanager Name reel Address ity RESIDENT AGE gent Name	State NT IN RHODE ISLAN	Zip	Street Address City Manager Name Street Address City hanges require filing of	State Form 642 - R.I.G.	Z _p
Treet Address ity danager Name treet Address	State NT IN RHODE ISLAN	Zip	Street Address City Manager Name Street Address City Address	State Form 642 - R.I.G.	Z _p

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



90758 DLLC 09/08/03 04:07:28 PM
File Date 10/22 04
Check No. 10939
B_{y} : \bigcirc .
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.

Henry J. Keigwig

Form 632 Rev. 6/02



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 TY	PED OR PR	UNTED IN BL	(CK)					
1. ID No. 90758	2. Exact name of the limited liability company Valley Place Office Park, LLC							
3. State of Formation	•		•	he business which is actually cond				
RHODE ISLAND)	ACQUIRING	, OWNING, DEVEL	OPING, LEASING, SELL	ING AND INVESTIN	G IN REAL PROPERTY.		
5. Principal office add	fress	L		City	State	Zip		
6 BLACKSTONE	VALLEY	PLACE,	SUITE 401	LINCOLN	RI	02865		
6. MAILING ADI Contact Name HENRY J KEIG		F LIMITED	LIVBILITA COM	Contact Title	TLE OF CONTACT	PERSON:		
Street Address				City	State	Zip		
6 BLACKSTONE	VALLEY	PLACE, S	SUITE 401	LINCOLN	RI	02865-		
Manager Name	ANY M		PACES BEFORE USIN	NG ATTACHMENTS ("X" B QUIRES FILING OF AMENDME *Manager Name	BOX FOR ATTACHMENT INT. R.I.G.L 7-16-12 (a)			
N/A				• ·				
Street Address				Streat Address	• Street Address			
Sireel Mauress				•				
City		State	Zip	*City	State	Zip		
Manager Name	• • • •	J		Manager Name				
Street Address				Street Address				
City		State	Zip	.City	State	Zip		
	ENT IN RI	I HODE ISLAN	D -DO NOT ALTER- C	Changes require filing	of Form 642 - R.I.G.	L. 7-16-11		
Agent Name				Address				
JOSEPH F. WH	INERY, .	JR		56 EXCHANGE	TERRACE			
Address				City		Zip		
CAMERON & MI	TTLEMAI	1		PROVIDENCE	PROVIDENCE 02903			
CAMERON & MI	TTLEMAI	.		PROVIDENCE		02903		

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



90758 DLLC 09/08/03 04:07:28 PM
File Date 10/21/03
Check No. 10 66
Bv:
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

Print or Type Name of Authorized Person

7



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 2. Exact name of the limited liability company					<u> </u>		
*90758 *	, ,	ey Place Office Park, LLC					
3. State of Formation	4. Brief o	fescription of the character of the	the business which is actually conduction LOPING, LEASING, SELLIN	ted in Rhode Island	TH DEAL DEADERTY		
RHODE ISLAN	D ACCOL	KING, OHNING, DEVEL	SOFING, BERSING, SEBLIN	NO AND INVESTING	IN READ PROPERTY.		
5. Principal office ac	idress		City	State	Zip		
6 BLACKSTONI	E VALLEY PLAC	E, SUITE 401	LINCOLN	RI	02865		
6. MAILING AD Contact Name HENRY J KEIO		TED LIABILITY COM	PANY AND NAME OR TITI	E_OF CONTACT PE	RSON:		
Street Address			City	State	Zip		
BLACKSTONE	VALLEY PLACE	E, SUITE 401	LINCOLN	RI	02865-		
fanager Name	ANY MODIFICAT	TIONS TO MANAGERS REC	QUIRES FILING OF AMENDMEN' • Manager Name	T. R.I.G.L 7-16-12 (a) (2)	/ 7-16-52		
N/A			• manager Hame	• manager Name •			
Street Address			• Street Address	 .			
areer Augress			•				
City	State	Zip	*City	State	Zip		
Manager Name	J		Manager Name				
Street Address		•	·Street Address				
City	State	Zip	.City	State	Zip		
RESIDENT AC	ENT IN RHODE IS	SLAND -DO NOT ALTER- (Changes require filing of	Form 642 - R.I.G.L.	7-16-11		
geni Name			Address				
5	HINERY, JR.		56 EXCHANGE	TERRACE			
	Address			City			
JOSEPH F. W			I '				

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

90758	DLLC8/22/0211:44:04 AM	
File Date_	10-28-02	
Check No.	10437	
Bv:	2	
FOR SECI	RETARY 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.
10/28/02
Signature of Authoristil Person Date
Print or Type Name of Authorized Person Form 632 Rev. 6/0.

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

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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

D	Number DLLC 90758 Annual Report for the year 2001
۱.	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
1.	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
3 .	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**
	· • • • • • • • • • • • • • • • • • • •
	
Эа	ted <u>September</u> , 2001 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.

FOR SECRETARY OF STATE USE ONLY Date: 7-27-6 -27-01 File Date:

10198 Check No.:

Du By:

<u> Valley Place Office Park, LLC</u>

Exact Name of Limited Liability Company

Form No. 632 Revised 01/99

DETACH BOTTOM BEFORE RETURNING



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

By:

Annual Report for the year 2000

D Number DLLC 90796	Ailling reportion the year Ecos				
. The name of the limited liability com	pany is:				
Valley Place Office Park, LLC					
	The address of the principal office of the limited liability company is: 6 Blackstone Valley Place, Suite 401, Lincoln, RI 02865				
	the laws of which it is formed is RHODE ISLAND				
3. The name and address of its resider	nt agent is: JOSEPH F. WHINERY, JR.				
CAMERON & MITTLEMAN 56 EXC	HANGE TERRACE PROVIDENCE RI 02903				
5. The current mailing address of the limited liability company and the name or title of a person to whom commun may be directed are: Henry J. Keigwin, 6 Blackstone Valley Place, Suite 401, Lincoln, RI 02865					
state: for purposes of acqui	of the business in which the limited liability company is actually engaged in this uiring, owning, developing, leasing, selling and otherwise erty nanagers, the name and address of each manager of the limited liability company Address				
Dated September , 2000 9 0 7 5 8 FOR SECRETARY OF STATE USE ONLY File Date: 9/29 Check No.: / J67	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 Form No. 632				
av. a	Form No. 632 Revised 01/99				

Filing Fee: \$50.00

By:

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	D Number <u>LL 90758</u>	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 lim 6 Blackstone Valley Place, Su	
3.	The state or other jurisdiction under the law	s of which it is formed is RHODE ISLAND
4.	. The name and address of its resident agen	t is: JOSEPH F. WHINERY, JR.
	CAMERON & MITTLEMAN 56 EXCHANGE	TERRACE PROVIDENCE, RI 02903
5.	i. The current mailing address of the limited li	ability company and the name or title of a person to whom communications
	may be directed are: Henry J. Keigwin Suite 401, Lincoln, RI 02865	, 6 Blackstone Valley Place,
 7. 	state: for the purposes of acquir otherwise investing in real p	business in which the limited liability company is actually engaged in this ring, owning, developing, leasing, selling and roperty s, the name and address of each manager of the limited liability company Address
Da	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
File	FOR SECRETARY OF STATE USE ONLY le Date: 10-7-99	By
Che	heck No.: /4///	Title Membre
Ву:	y: AMF	Form No. 632 Revised 01/99

By:



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

		D LIADILITI COMI ANT
ID	Number LL 90758	Annual Report for the year 1998
1.	, ,	
	Valley Place Office Park, LLC	
2.	. The address of the principal office of the limited	d liability company is:
	6 Blackstone Valley Place, Suite 4	01, Lincoln, RI 02865
3.	. The state or other jurisdiction under the laws of	f 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 TE	ERRACE PROVIDENCE, RI 02903
5.		d liability company and the name or title of a person to whom
	communications may be directed are:	J. Keigwin, 6 Blackstone Valley Place, Suite 401,
	Lincoln, RI 02865	
6.	state: for the purposes of acquiring	iness in which the limited liability company is actually engaged in this, owning, developing, leasing, selling and otherwise
7.	investing in real property '. If the limited liability company has managers, Name	the name and address of each manager of the limited liability company Address
	Henre J. Kercium	28 Parragary alt Buy Due Kannickers
	Flenky Consclues	27 Thunder Blud Timith full 02913
Da		Inder penalty of perjury, I declare and affirm that I have examined this
		Papert, including any accompanying schedules and statements, and the mat all statements contained herein are true and correct. Valley Place Office Park, LLC Exact Name of Limited Liability Company
File	FOR SECRETARY OF STATE USE ONLY ile Date: \(\) \(\) \(\) \(\) \(\) \(\)	11 W. Harton
Сь	heck No.: 1773	y The state of the

Form No. LLC-19 Revised 8/97



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

O Number <u>0090758</u>	Annual Report for the year1997	
The name of the limited liability comp	pany is:	
Valley Place Office Pa	rk, LLC	
The address of the principal office of the limited liability company is: 6 Blackstone Valley Place, Suite 401, Lincoln, RI 02865		
The state or other jurisdiction under the	he laws of which it is formed is: Rhode Island	
The name and address of its resident	agentis: Joseph F. Whinery, Jr., Esq., Cameron & Mittleman,	
56 Exchange Terrace, Provide	nce, RI 02903	
The current mailing address of th	ne limited liability company and the name or title of a person to whom	
Lincoln, RI 02865 A brief statement of the character of	Henry J. Keigwin, 6 Blackstone Valley Place, Suite 401, the business in which the limited liability company is actually engaged in this uiring, owning, developing, leasing, selling & otherwise ty.	
If the limited liability company has	managers, the name and address of each manager of the limited liability	
company _{N/A} Name	Address	
ated <u>Oct 2/</u> , 19 <u>97</u>	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	
PAID	Exact Name of Limited Liability Company	
OCT 2 3 1997 SECY OF STATE	By Henry J. Ken	

Title

Form No LLC-19 Revised 8/97