



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. 107759		2. Exact name of the limited liability company 166 WILLIAMS STREET, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island rental of apartments	
5. Principal office address 166 Williams Street		City Providence	State RI
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Stephen DeConti		Contact Title President	
Street Address 151 Twin Peninsula Avenue		City Wakefield	State RI
		Zip 02879	
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 Stephen DeConti		Manager Name	
Street Address 151 Twin Peninsula Avenue		Street Address	
City Wakefield	State RI	City	State
	Zip 02879		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 Robert M. Brady, Esq.		Address	
Address One Grove Avenue		City East Providence	Zip 02914

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

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.

File Date	10/10/2005
Check No.	1426
By:	
FOR SECRETARY OF STATE USE ONLY	

9/29/05
Signature of Authorized Person Date
Stephen DeConti
Print or Type Name of Authorized Person



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 107759		2. Exact name of the limited liability company 166 WILLIAMS STREET LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL OF APARTMENTS	
5. Principal office address 166 Williams Street		City Providence	State RI
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Stephen DeConti		Contact Title President	
Street Address 151 Twin Peninsula Ave.		City Wakefield	State RI
		Zip 02879	
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 Stephen DeConti		Manager Name	
Street Address 151 TWIN PENINSULA AVE		Street Address	
City Wakefield	State RI	City	State
Zip 02879		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 ROBERT M. BRADY, ESQ.		Address	
Address ONE GROVE AVENUE		City EAST PROVIDENCE	Zip 02914

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
05 SEP 23 PM 12:49

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



* 1 0 7 7 5 9 *

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.

File Date **FILED**
Check No. **SEP 23 2005**
By: **By 00277831**
FOR SECRETARY OF STATE USE ONLY

Stephen DeConti 9/1/05
Signature of Authorized Person Date
Stephen DeConti
Print or Type Name of Authorized Person



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. 107759		2. Exact name of the limited liability company 166 WILLIAMS STREET, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL OF APARTMENTS	
5. Principal office address 166 Williams St.		City Providence	State RI
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF OFFICER OR CONTACT PERSON			
Contact Name Ann Marie DeConti		Contact Title Vice President	
Street Address 166 Williams Street		City Providence	State RI
		Zip 02906	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES PROVIDED OR ATTACHMENT			
ANY MODIFICATIONS TO MANAGER INFORMATION FILED WITH FORM 632-1 (10/01) 7-16-02			
Manager Name		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 AND CONTACT INFORMATION			
Agent Name ROBERT M. BRADY, ESQ.		Address	
Address ONE GROVE AVENUE		City EAST PROVIDENCE	Zip 02914

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
NOV 14 1 33 PM '03

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



* 1 0 7 7 5 9 *

FILED

File Date
NOV 14 2003

Check No.
By MAH 133-130A

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.

Stephen DeConti 10/16/03
Signature of Authorized Person Date

Stephen DeConti
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 107759		2. Exact name of the limited liability company 166 WILLIAMS STREET, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL OF APARTMENTS	
5. Principal office address 166 Williams St.		City Providence	State RI
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name Ann Marie DeConti		Contact Title Vice President	
Street Address 166 Williams Street		City Providence	State RI
		Zip 02906	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE IN SPACES BEFORE USING ATTACHMENTS. <input checked="" type="checkbox"/> BOX FOR ATTACHMENT ANY MODIFICATIONS TO MANAGERS REQUIRE FILING OF AMENDMENT R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		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 842. R.I.G.L. 7-16-14			
Agent Name ROBERT M. BRADY, ESQ.		Address	
Address ONE GROVE AVENUE		City EAST PROVIDENCE	Zip 02914

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



* 1 0 7 7 5 9 *

FILED	
File Date	NOV 14 2003
Check No.	By <u>M11935</u>
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.

Stephen DeConti 10/16/03
Signature of Authorized Person Date
Stephen DeConti
☐ Print or Type Name of Authorized Person

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 107759

Annual Report for the year 2001

1. The name of the limited liability company is:

166 WILLIAMS STREET, LLC

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

166 Williams Street, Providence, Rhode Island 02906

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: ROBERT M. BRADY, ESQ.

ONE GROVE AVENUE EAST PROVIDENCE RI 02914

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: 166 Williams Street, Providence, Rhode Island 02906

Attn: Ann Marie DeConti

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: owning and managing real estate @ 166 Williams Street

- 7.** If the limited liability company has managers, the name and address of each manager of the limited liability company
- | <i>Name</i> | <i>Address</i> |
|-------------|----------------|
|-------------|----------------|

Dated 6/24/02



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.

166 Williams Street, LLC

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

File Date: 10.25.02

Check No.: 2389

By: 

By anne marie descenti

Vice President Title

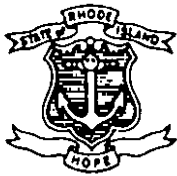
Form No. 632
Revised 01/99

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 address registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

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 107759

Annual Report for the year 2000

1. The name of the limited liability company is:

166 WILLIAMS STREET, LLC

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

166 Williams Street, Providence, Rhode Island 02906

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: ROBERT M. BRADY, ESQ.

ONE GROVE AVENUE EAST PROVIDENCE RI 02914

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: 166 Williams Street, Providence, Rhode Island 02906

Attention: Ann Marie DeConti

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Rental of apartments

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

Name

Address

Stephen DeConti

154 Twin Peninsula Rd. Wakefield, RI 02879

Dated 10/31/02



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.

166 Williams Street, LLC

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

File Date: 11-16-00

Check No.: 2056

By: AMF

By anne marie deconti

Vice President

Title

Form No. 632
Revised 01/99