

## 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

CATALON TO THE PARTY OF THE PAR	en A. Droit		- <i>y</i>				
LIMITED LI	ABILIT	Y COM	PANY ANNUAL	REPORT FOR TH	HE YEAR _	<u> 2005</u>	<del></del>
tling Period: Septen			Filing Fee: \$50.00				
FORM MUST BE TYPED	OR PRINTED	IN BLACK)					
1. ID No.		-	iability company				
107759	166 V	VILLIAMS	S STREET, LLC	Diada	Island		
3. State of Formation				rbleh is actually conducted in Rhode	isiana		
Rhode Isla	ind 1	rental (	of apartments			<del>- 1.</del>	
5. Principal office address	<u> </u>			City	Sinte	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	φ
	C+	eet	THE COMPANY AND NAS	Providence	RI_		_02906
	ess of Limi	LED TIVRILI	II COMENIAL VIAD INVI	AE OR TITLE OF CONTACT F	· -		
Contact Name							
Stephen De	<u> Conti</u>			President	State	2	ip
Street Address				City	RI	1	02879
151 Twin I	Peninsu	la Aven	ue	Wakefield	<del></del>		
			and operate ticture Att	BILITY COMPANY, IF APPLICACHMENTS ("X" BOX FOR FILING OF AMENDMENT, R.I		(2) / 7-16-5	;2 
Manager Name				Manager Name			
Stephen De	eConti						
				Sirrei Address			
Street Address 151 Twin	Peninsu	la Aven	iue			<del></del>	<del></del>
City	Ste	nte -	Zip	City	State	13	Zip
Wakefield	i	RI	02879	:		J.	
Manager Name				Manager Name			
				Street Address			
Street Address							
City	St	ate	Zip	Cliy	State		Zíp
	l		no nor aren Chan	ges require filing of Form (	642 · R.I.G.L. 7-1	6.11	
8. RESIDENT AGE	NT IN RHOL	B ISLAND -	DO NOT ALTER - Chang	Address	,		
Robert M.	Brady	. Esa.				r. —	
Address			<del></del>	City		Zip 000	4.4
Address			East Providence 02914			14	

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

File Date	1010 0000
Check No	404
Ву:	N'M
	FOR SECRETARY OF STATE USE ONLY

One Grove Avenue

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

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

1 ID No	2 Exact name of the limite	d liability company			
107759	166 WILLIAMS STRE	ET.LLC			
3. State of Formation 4 Brief description of the character of the busine			siness which is actually conducted in Rhode	sland	
RHODE ISLAND	RENTAL OF	APARTMENTS		_	
5 Principal office addres	is .		City	State	Zip
166 Wil	liams Street		Providence	RI	02906
	ESS OF LIMITED LIABI	LITY COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:	
Contact Name	han DaCanti		Contact Title		
<del></del>	hen DeConti		Presendent	State	210
Street Address		Avc.	City	State	Zip
	Twin Peninsul		Wakefield	RI	1 02879
7. NAME AND ADD		GER OF THE LIMITE ACES BEFORE USING	D LIABILITY COMPANY, IF APPLI TATTACHMENTS - ("Y" BOY FOR	CABI.E ATTACHMENT)	
AN			RES FILING OF AMENDMENT, R.I.	• • • • •	7-16-52
Manager Name			Manager Name		
Stepho	en DelGati				
Street Address	<u> </u>		Street Address	<u> </u>	
151 Tu	IIN PERINSULA	ANE			
City D	State	Zip	City	State	Zip
WARETIELD		02879		,	्रे रू
Manager Name		`	Manager Name		CCR. CCR.
Street Address			Street Address		<b>3</b> 8 5
	State	Zip	City	State	<b>3</b> 7000
City		`	·	i	5 5 7 m
Ctty		. DO NOT ALTER . C	hanges require filing of Form 64	2 - R.I.G.L. 7-16-11 🚜	: 550 0
•	IT IN RHODE ISLAND	· DO NOT ALTER · C		4	o VE
8. RESIDENT AGEN	IT IN RHODE ISLAND	· DO NOT ALLER · C	Address		
•		· DO NOT ALLER • C	Address		
8. RESIDENT AGEN Agent Name		- DO NOT AMELIA - C	Address  City	Zip	
8. RESIDENT AGEN Agent Name ROBERT M. BRADY	FSO.	- DO NOT AMELIA - C		Z.ty, 0291	4

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



File Date	FILED
Check No	SEP 23 2005
Ву:	By 3/

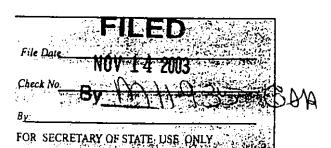
Under penalty of perjury, I declare and affirm that I have examined this report. including any accompanying schedules and statements, and that all statements. contained herein are true and correct.

Stephen De Conti 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 LI	IABILITY C	OMPANY AN	NUAL REPORT I	FOR THE YEA	R
	mber 1 - November . ED OR PRINTED IN BL		50.00		
1. ID No. 107759	2. Exact name of the line 166 WILLIAMS STREET	nited liabilty company	<del></del>		
3. State of Formation			e business which is actually conduct	ted in Rhode Island	·
RHODE ISLAND	RENTAL OF	APARTMENTS			
5. Principal office addre	255		City	State	Zip
166 Willia	ms St.		Providence	RI	02906
6-MAILING ARDI	ress of Limited	MAHE HINGE STEE	Contact Title	- OF CONTACTORER	
Ann Marie	DeConti		· Vice Presi	dent	
Street Address 166 Willia	ms Street		. Providence	State R I	Zip 02906
7. NAME AND ADD	RESS OF EACH MA VILL IN ST ANY MODIFICATIONS	ACES PREVIOUS PRINT		AN IV APPTICABLE 701 ATTICHMENTEL	7
Manager Name			• Manager Name	er til som som årer a kristiliterier	The second County (Applied to proper section (Applied)
Street Address	<del></del>		* Street Address		·
City	State	Zip	*City	State	Zip
Manager Name			*Manager Name		J
Street Address	· ·		Street Address	<del> </del>	
City	State	Zip	City	State	Zip
8. RESIDENT AGEN	T INERHODEUSEAN	O HOLANGE		TOTAL OF THE SERVICE	
J	reo.	•	Address		
ROBERT M. BRADY, E			City	Zip	
ONE GROVE AVENUE			EAST PROVIDENCE	1	12914 香 克克
This report must be	signed in ink by a	a authorized person	pursuant to 7-16-66.		RECEIVED RECEIVED RETARRORS OF STATE RETARRORS OF S



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 Parson Date

Stephen De Conti

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 107759 166 WILLIAMS STREET, LLC 3 State of Formation 4 Brief description of the character of the business which is actually conducted in Rhode Island **RENTAL OF APARTMENTS RHODE ISLAND** 5. Principal office address State City Zip 166 Williams St. Providence 02906 RΙ 6. MAILING ADDRESS OF LIMITED LIABIL D'NAME OR LITLE OF CONTACT PERSON Contact Name Contact Title Ann Marie DeConti Vice President Street Address State 166 Williams Street Providence RI 02906 7. NAME AND ADDRESS OF EACH MANAGER OF THE EIMITED LIABILITY COMPANY IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS. "YX" BOX FOR ATTACHMENT !! ANY MODIFICATIONS TO MANAGERS REQUIRES FILING DE AMENDMENT R. G. 7.18-12 (a) (2) 7.16-52 Manager Name •Manager Name Street Address Street Address City State Zip City State Zip Manager Name Manager Name Street Address Street Address Cuy State State 8. RESIDENT AGENT IN RHODE ISLAND Address ROBERT M. BRADY, ESQ. Address Zıp City ONE GROVE AVENUE **EAST PROVIDENCE** 02914

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



		6 1			#\Y\	
File Date		NOV	142	<b>103</b>	<u> </u>	
Check No.		3v /	<del>U) j</del>	4 20		٦,,
B <u>y:</u>	in in the second	ر خوند می افغان از	<del></del>		-:   -:	o M
FOR SECR	ETARY OF	STATE U	SE ONL	Y	(3)	

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

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



n	Number	DLLC	107	759
	HUIIIDEI	ULLU	101	100

Annual Report for the year 2001

	<u> </u>	
1.	The name of the limited liability compa	any is:
	166 WILLIAMS STREET, LLC	
2.	The address of the principal office of	the limited liability company is:
	166 Williams Street, I	rovidence, Rhode Island 02906
3.	The state or other jurisdiction under t	he laws of which it is formed is RHODE ISLAND
4.	The name and address of its residen	t agent is: ROBERT M. BRADY, ESQ.
	ONE GROVE AVENUE EAST PROV	
5.	The current mailing address of the lin	nited liability company and the name or title of a person to whom communications
6.		of the business in which the limited liability company is actually engaged in this
7.	If the limited liability company has ma Name	anagers, the name and address of each manager of the limited liability company  Address
Da	ated 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.
	1 0 7 7 5 9	166 Williams Street, LLC  Exact Name of Limited Liability Company
Fil	FOR SECRETARY OF STATE USE ONLY to Date: (0.25-02	By anno more decenti
Ch	_	Vice President
Ву		Form No. 632 Revised 01/99

# 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 compa	nny is:				
	166 WILLIAMS STREET, LLC		<del></del>			
2.	The address of the principal office of t	he limited liability company is:				
	166 Williams Street, Pr	ovidence, Rhode Island02906				
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 PROV	IDENCE RI 02914				
_			- communications			
5.		ited liability company and the name or title of a person to who iams Street, Providence, Rhode Island				
	may be directed are:	Tams Street, Providence, Rhode Island				
	Attention: Ann Marie D	eConti	·			
	state: Rental of apartm  If the limited liability company has ma  Name	the business in which the limited liability company is actual ends.  nagers, the name and address of each manager of the limited Address	liability company			
Dat	ted 10/31/02 1 0 7 7 5 9	Under penalty of perjury, I declare and affirm that I he report, including any accompanying schedules and that all statements contained herein are true and correct that all statements of Limited Liability Company	ave examined this d statements, and			
File	POR SECRETARY OF STATE USE ONLY Date: //-/(o-d) ck No.: 2056	By anne marie deconti Vice President Title	Form No. 632 Revised 01/99			