

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 $\frac{2005}{1}$

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. ID No. 2. Exact name of the limited liabilty company 120161 TCC PROPERTIES, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN AND OPERATE REAL ESTATE CONNECTICUT State 5. Principal office address 695 OUINEBAUG ROAD QUINEBAUG CT 06262-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title MARK THOMAS .Manager Street Address City State Zip 695 QUINEBAUG ROAD . QUINEBAUG CT 06262-7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manuger Name · Manager Name Street Address · Sireei Address Zip State City State City Zip Manager Name Manuger Nume Strect Address ·Sireet Address City State Zip City 7.ip State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Agent Name RICHARD N. MORNEAU 38 NORTH COURT STREET Address Ziρ PROVIDENCE 02903-

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



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File Date /0/4/05	
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FOR SECRETARY OF STATE USE ONLY	
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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 of statements contained herein are true and correct.

Signuture of Authorized Person

Richard N. Morneau

Print or Type Name of Authorized Person



(FORM MUST BE TYPED OR PRINTED IN BLACK)

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

120161		2. Exact name of the limited liabilty company TCC PROPERTIES, LLC				
3. State of Formation	4. Brief descr	iption of the character of the bu	isiness which is actually conducted	in Rhode Island		
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3. Principal office address 695 QUINEBAUG ROAD			City QUINEBAUG	State CT	<i>Zip</i> 06262-	
	RESS OF LIMITE	LIABILITY COMPAN	Y AND NAME OR TITLE	OF CONTACT PER	SON:	
Contact Name Mark Thom	as		Contact Title Manager	•		
Street Address 695 QUINEBAUG ROAD			City QUINEBAUG	State CT	<i>Zip</i> 06262-	
. NAME AND AL		MANAGER OF THE LIS SPACES BEFORE USING A	MITED LIABILITY COMI	PANY, IF APPLICA	BLE	
	ANY MODIFICATION	S TO MANAGERS REQUIR	ES FILING OF AMENDMENTR	I.I.G.L 7-16-12 (a) (2) /	7-16-52	
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Mark Thomas	<u> </u>		•			
Street Address 695 Quineba	aug Road		• Street Address			
City	State	Zip	·City	State	Zip	
Quinebaug Munager Name	uinebaug CT 06262		*Manager Name			
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gent Name	ODMEAN		Address			
RICHARD N. MC	JRNEAU		38 NORTH COURT			
Address			City	Ziţ	,	
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Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401,222,3040

1, /D No. 120161		RINTED IN BLACK) I name of the limited liability company PROPERTIES, LLC					
3 State of Formation		1 -	-	s which is actually conducted	in Rhode Island		
RI		OWN AND OPERA	TE REAL ESTATE				
5. Principal office address 695 QUINEBAUG ROAD			City QUINEBAUG	State CT	Ζ <i>iφ</i> 06262		
Contact Name MARK THOMAS				Contact Title MANAGER			
Street Address 695 QUINEBAUG ROAD			Ciry QUINEBAUG	State CT	<i>Zlp</i> 06262		
Manager Name MARK THOMAS				• Manager Name •			
Street Address				· Street Address			
695 QUINEBAU	G ROAD	le	Ten .	*City	State		
Clty QUINEBAUG		State CT	Ζφ 06262	Cary	State	Zip	
Manager Nume Mark Thomas			Manager Name				
Sireei Audresi 625 L	Julaer			-Street Address			
Quincha	V 5	State	06262	,Cliy	State	LAP .	
Agent Name	D. F. B.			Address			
RICHARD N. M	ORNEAL	J		38 NORTH COURT	STREET		
Address			-	City Zip		Zip	
			PROVIDENCE 02903		1 00000		

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



103/190 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

MARK THOMAS

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Methew 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 2002 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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Manucer Nama							
MARK THOMAS				- Manager Name			
Street Address				· Street Address			
695 QUINEBAUG	ROAD			•			
City QUINEBAUG	State CT	•	<i>Zip</i> 06262	·Cliy	State		Zip
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Street Address	Thoma. Dvinebarg	Rd	,	Sireet Address			
Quinebava	State	i.	06262	"City	State		Zip
Agent Name				Address			S. Beckell
RICHARD N. MORNEAU		38 NORTH COURT STREET					
Address		City		Zip	цр		
		PROVIDENCE	ROVIDENCE 029		903		

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File Dute	8/21/03	C5 11
Check No.	19306	
By: FOR SECR	ETARY OF STATE USE ONLY	-

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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.

Signature of Authorized Person Dais

MARK THOMAS
Print or Type Name of Authorized Person

Form 632 Rev. 6/02