



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. 107362 | | 2. Exact name of the limited liability company E & A Markets of Rhode Island, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE | |
| 5. Principal office address 5 SEAWIND TERRACE | | City WESTERLY | State RI |
| | | Zip 02891 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name THERESA L MCQUADE | | Contact Title . | |
| Street Address 5 SEAWIND TERRACE | | City WESTERLY | State RI |
| | | Zip 02891 | |
| 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 None | | *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 H. PETER OLSEN, ESQ. | | Address 1500 FLEET CENTER | |
| Address HINCKLY, ALLEN & SNYDER LLP | | City PROVIDENCE | Zip 02903 |

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



1 0 7 3 6 2

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.

H. Peter Olsen 9/20/04
Signature of Authorized Person Date

H. Peter Olsen
Print or Type Name of Authorized Person

107362 DLLC 09/13/04 10:10:35 AM
File Date 9-27-04
Check No. 163249
By: OK
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. 107362 | | 2. Exact name of the limited liability company E & A Markets of Rhode Island, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE | |
| 5. Principal office address 5 SEAWIND TERRACE | | City WESTERLY | State RI |
| | | Zip 02891 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name THERESA L MCQUADE | | Contact Title . | |
| Street Address 5 SEAWIND TERRACE | | City WESTERLY | State RI |
| | | Zip 02891 | |
| 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 None | | *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 H. PETER OLSEN, ESQ. | | Address 1500 FLEET CENTER | |
| Address HINCKLY, ALLEN & SNYDER LLP | | City PROVIDENCE | Zip 02903 |

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



1 0 7 3 6 2

*107362 DLLC 09/10/03
 FILED
 SEP 1 2003
 Check No. _____
 By: *[Signature]*
 15482
 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.

H. Peter Olsen 9/15/03
 Signature of Authorized Person Date
 H. Peter Olsen
 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. *107362* | | 2. Exact name of the limited liability company E & A Markets of Rhode Island, LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE | | | |
| 5. Principal office address 5 SEAWIND TERRACE | | City WESTERLY | State RI | Zip 02891 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name THERESA L MCQUADE | | | Contact Title | | |
| Street Address 5 SEAWIND TERRACE | | City WESTERLY | State RI | Zip 02891- | |
| 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 | | 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 H. PETER OLSEN, ESQ. | | Address 1500 FLEET CENTER | | | |
| Address HINCKLY, ALLEN & SNYDER LLP | | City PROVIDENCE | | Zip 02903 | |

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



* 1 0 7 3 6 2 *

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.

107362 DLLLC9/30/022:35:21 PM

File Date 10-3-02

Check No. 146337

By: AMF

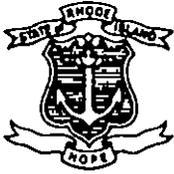
FOR SECRETARY OF STATE USE ONLY

H. Peter Olsen 10-1-02
Signature of Authorized Person Date

H. Peter Olsen
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 107362

Annual Report for the year 2001

- The name of the limited liability company is:
E & A Markets of Rhode Island, LLC
 - The address of the principal office of the limited liability company is:
5 Seawind Terrace, Westerly, RI 02891
 - The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
 - The name and address of its resident agent is: H. PETER OLSEN, ESQ.
HINCKLY, ALLEN & SNYDER LLP 1500 FLEET CENTER PROVIDENCE RI 02903
 - The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Theresa L. McQuade
5 Seawind Terrace, Westerly, RI 02891
 - A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate
 - If the limited liability company has managers, the name and address of each manager of the limited liability company
- | Name | Address |
|------|---------|
| | |
| | |
| | |

Dated 10/30/01

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 3 6 2

E & A Markets of Rhode Island, LLC

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

FILED

File Date: OCT 30 2001

Check No.: 139093

By: [Signature]

By H. Peter Olsen
Resident Agent
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 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 107362

Annual Report for the year 2000

1. The name of the limited liability company is:

E & A Markets of Rhode Island, LLC

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

5 Seawind Terrace, Westerly, RI 02891

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: H. PETER OLSEN, ESQ.

HINCKLY, ALLEN & SNYDER LLP 1500 FLEET CENTER 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: Theresa L. McQuade

5 Seawind Terrace, Westerly, RI 02891

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

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

Name

Address

None

Dated October 17, 2000



1 0 7 3 6 2

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.

E & A Markets of Rhode Island, LLC

Exact Name of Limited Liability Company

By H. Peter Olsen
Resident Agent

Title

| | |
|---------------------------------|---------------------------|
| FOR SECRETARY OF STATE USE ONLY | |
| File Date: | FILED |
| Check No.: | OCT 17 2000 |
| By: | <u>[Signature]</u> 130896 |