



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. 73062		2. Exact name of the limited liability company Baker Street Realty Associates, 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 DEVELOPMENT	
5. Principal office address 1 BAKER STREET		City PROVIDENCE	State RI Zip 02905
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name VICTOR PRIMAVERA, III		Contact Title MEMBER	
Street Address 1 BAKER STREET		City PROVIDENCE	State RI Zip 02905-
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILE IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input checked="" 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
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 BRUCE A. WOLPERT, ESQ.		Address 10 DORRANCE STREET	
Address WOLPERT & GERSTENBLATT, INC.		City PROVIDENCE	Zip 02903

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



7 3 0 6 2

*73062 DLLC 08/31/05 03:27:43 PM*	
File Date	10/3/05
Check No.	281
By:	CP
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

Date

Victor Primavera, III

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 73062		2 Exact name of the limited liability company Baker Street Realty Associates, 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 DEVELOPMENT			
5 Principal office address 1 BAKER STREET		City PROVIDENCE	State RI	Zip 02905	
6 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name VICTOR PRIMAVERA, III		Contact Title MEMBER			
Street Address 1 BAKER STREET		City PROVIDENCE	State RI	Zip 02905	
7 NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS. CY 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 N/A		Manager Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name N/A		Manager Name N/A			
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 BRUCE A. WOLPERT, ESQ.		Address 10 DORRANCE STREET, SUITE 530			
Address WOLPERT & GERSTENBLATT, INC.		City PROVIDENCE	Zip 02903		

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



7 3 0 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.

Signature of Authorized Person

Date

Victor Primavera, III

Print or Type Name of Authorized Person

\*73062 DLLC 08/30/04 02:43:43 PM\*

File Date

9/15/04

Check No

266

By

DA

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. 73062		2. Exact name of the limited liability company Baker Street Realty Associates, 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 DEVELOPMENT			
5. Principal office address 1 BAKER STREET		City PROVIDENCE	State RI	Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name BRUCE A WOLPERT, ESQ., WOLPERT & GERSTENBLATT		Contact Title COUNSEL FOR COMPANY			
Street Address 10 DORRANCE STREET, SUITE 530		City PROVIDENCE	State RI	Zip 02903	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS. (SEE BOX FOR ATTACHMENT 8) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT R.I.G.L. 7-16-12 (b) (2) / 7-16-52					
Manager Name N/A		*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 BRUCE A. WOLPERT, ESQ.		Address 10 DORRANCE STREET, SUITE 530			
Address WOLPERT & GERSTENBLATT, INC.		City PROVIDENCE	Zip 02903		

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



7 3 0 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.

Signature of Authorized Person

Date

Victor Primavera, III  
Print or Type Name of Authorized Person

\*73062 DLLC 09/05/03 02:25:29 PM\*

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY



# 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. <b>73062</b>		2. Exact name of the limited liability company <b>Baker Street Realty Associates, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE DEVELOPMENT</b>	
5. Principal office address <b>1 Baker Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02905</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Bruce A. Wolpert, Esq.</b>		Contact Title <b>Counsel for Company</b>	
Street Address <b>Wolpert &amp; Gerstenblatt, Inc. 10 Dorrance Street, Suite 530</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02903</b>	
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 <b>N/A</b>		*Manager Name .	
Street Address		*Street Address .	
City	State	Zip	City
State	State	State	State
Manager Name	Manager Name	Manager Name	Manager Name
Street Address	Street Address	Street Address	Street Address
City	State	Zip	City
State	State	State	State
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>BRUCE A. WOLPERT, ESQ.</b>		Address <b>WOLPERT &amp; GERSTENBLATT, INC.</b>	
Address <b>10 DORRANCE STREET, SUITE 530</b>		City <b>PROVIDENCE</b>	Zip <b>02903</b>

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



\* 7 3 0 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.

Signature of Authorized Person Date 9/3/02

**Victor Primavera, III**  
Print or Type Name of Authorized Person

File Date 9-12-02  
Check No. 218  
By Kmc  
FOR SECRETARY OF STATE USE ONLY

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 73062

Annual Report for the year 2001

1. The name of the limited liability company is:

Baker Street Realty Associates, LLC

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

1 Baker Street, Providence, Rhode Island 02905

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: BRUCE A. WOLPERT, ESQ.

WOLPERT & GERSTENBLATT, INC. 10 DORRANCE STREET, SUITE 530 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: Bruce A. Wolpert, Esquire

10 Dorrance Street, Providence, Rhode Island 02903

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

9/4/01



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.

Baker Street Realty Associates, LLC

Exact Name of Limited Liability Company

By

Member

Title

Form No. 632  
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-2-01</u>
Check No.:	<u>363</u>
By:	<u>[Signature]</u>

**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

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 73062

Annual Report for the year 2000

1. The name of the limited liability company is:

Baker Street Realty Associates, LLC

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

1 Baker Street, Providence, RI 02905

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: BRUCE A. WOLPERT

WOLPERT & GERSTENBLATT, INC. 10 DORRANCE STREET 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: Bruce A. Wolpert, Esquire

10 Dorrance Street, Providence, RI 02903

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

None

Dated 7/21, 2000



7 3 0 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.

Baker Street Realty Associates, LLC

Exact Name of Limited Liability Company

By [Signature]

Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9/18

Check No.: 224

By: Cc

Form No. 632  
Revised 01/99

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 LL 73062

Annual Report for the year 1999

1. The name of the limited liability company is:

Baker Street Realty Associates, LLC

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

1 Baker Street, Providence, RI 02905

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: BRUCE A. WOLPERT

WOLPERT & GERSTENBLATT, INC. 10 DORRANCE STREET 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: Bruce A. Wolpert, Esquire

10 Dorrance Street, Providence, RI 02903

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 1, 1999



\* 7 3 0 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.

Baker Street Realty Associates, LLC

Exact Name of Limited Liability Company

By Paul Chernick

Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

PAID

Check No.:

SEP 30 1999

By:

SECY OF STATE

Form No. 632  
Revised 01/99

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 LL 73062

Annual Report for the year 1998

1. The name of the limited liability company is:

Baker Street Realty Associates, LLC

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

365 Eddy Street, Providence, RI 02903

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: BRUCE A. WOLPERT

WOLPERT & GERSTENBLATT, INC. 10 DORRANCE STREET 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: Frank A. Gesmondi, CPA, C/O Priest, Kortick & Gesmondi, Ltd

365 Eddy Street, Providence, RI 02903

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 |
|-------------|---------|
| <u>None</u> |         |
|             |         |
|             |         |

Dated 9/1, 19 98



FOR SECRETARY OF STATE USE ONLY

File Date: 9-2-98

Check No.: 259

By: WP

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.

Baker Street Realty Associates, LLC

Exact Name of Limited Liability Company

By

[Signature]

Member

Title

Form No. LLC-19  
Revised 8/97

DETACH BOTTOM BEFORE RETURNING

**To be filed annually between  
September 1 and November 1**



Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

ID Number 0073062

Annual Report for the year 1997

1. The name of the limited liability company is:  
Baker Street Realty Associates, LLC
2. The address of the principal office of the limited liability company is:  
365 Eddy Street, Providence, RI 02903
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: Bruce A. Wolpert, Esquire  
10 Dorrance Street, 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: Frank A. Gesmondi, CPA C/O Priest, Kortick & Gesmondi, Ltd.  
365 Eddy Street, Providence, RI 02903
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

**Address**

None

Dated \_\_\_\_\_, 19<sup>97</sup>

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.

**Baker Street Realty Associates, LLC**

Exact Name of Limited Liability Company

By \_\_\_\_\_

**Member**

**Title**

**PAID**

AUG 28 1997

SECY OF STATE

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  
Corporation Division  
100 North Main Street  
Providence, RI 02903-1335

**LIMITED LIABILITY COMPANY**

LLC I.D.# 73062

Annual Report for the year **1996**

**FIRST:** The name of the limited liability company is: **Baker Street Realty Associates, LLC**

**SECOND:** The address of the principal office of the limited liability company is:

**365 Eddy Street, Providence, RI 02903**

**THIRD:** The state or other jurisdiction under the laws of which it is formed is: **Rhode Island**

**FOURTH:** The name and address of its resident agent is:

**Bruce A. Wolpert, Esquire**

**10 Dorrance Street, Providence, RI 02903**

**FIFTH:** The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

**Frank A. Gesmondi, CPA C/O Priest, Kortick & Gesmondi, Ltd.**

**365 Eddy Street, Providence, Ri 02903**

**SIXTH:** A brief statement of the character of the business in which the corporation is actually engaged in this state:

**Real Estate**

Dated....., 19 **96**

**Baker Street Realty Associates, LLC**

*Exact Name of Limited Liability Company*

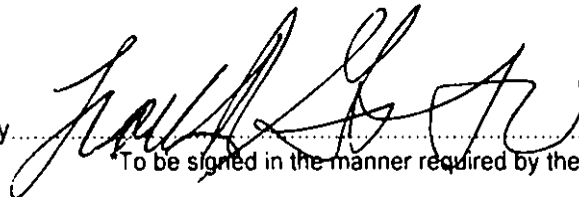
File Date: 9/16/96

Check No: 185

By: KID

*For Secretary of State Use Only*

\*By



To be signed in the manner required by the home state.

**Member**

Title .....

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  
Corporation Division  
100 North Main Street  
Providence, RI 02903-1335

**LIMITED LIABILITY COMPANY**

LLC I.D. # 0073062

Annual Report for the year 1995

**FIRST:** The name of the limited liability company is:

Baker Street Realty Associates, LLC

**SECOND:** The address of the principal office of the limited liability company is:

365 Eddy Street

Providence, RI

**THIRD:** The state or other jurisdiction under the laws of which it is formed is:

Rhode Island

**FOURTH:** The name and address of its resident agent is:

Bruce A. Wolpert, Esquire

500 Turks Head Building, Providence, RI 02903

**FIFTH:** The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

Bruce A. Wolpert, Esquire

500 Turks Head Building

P.O. Box 1116, Providence, RI 02901-1116

**SIXTH:** A brief statement of the character of the business in which the corporation is actually engaged in this state:

Real Estate Development

Dated 9/12, 19 95

Baker Street Realty Associates, LLC

Exact Name of Limited Liability Company

**FILED**

SEP 19 1995

By CC 0155

\*By

Title Member

\*To be signed in the manner required by the home state.

Registration Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Annually  
LLC: Sept. 1 - Nov. 1  
CORP: Jan. 1 - March 1

Corporate ID: 0073062 Annual Report for the year: 1994

Name of Business Entity: Baker Street Realty Associates, LLC

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: \_\_\_\_\_

For foreign entity, address and telephone number of principal office:

Phone ( ) \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

365 Eddy Street  
Providence, RI

Phone ( 401 ) 351-1700

Business Entity is (check one):

- ☐ Business Corporation (See RIGL Chapter 7-1.1)  
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)  
☒ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Frank Gesmondi, CPA  
Priest, Kortick & Gesmondi, Ltd.  
365 Eddy Street  
Providence, RI 02903

Brief statement of the character of business conducted in Rhode Island  
Real Estate Development

Date of Organization: 06/28/1993

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

☒ CHIEF EXECUTIVE OFFICER OR ☐ PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

☐ CHIEF OPERATING OFFICER OR ☐ VICE PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

☐ CUSTODIAN OF RECORDS OR ☐ SECRETARY (Check One) STREET ADDRESS CITY/STATE ZIP CODE

☐ CHIEF FINANCIAL OFFICER OR ☐ TREASURER (Check One) STREET ADDRESS CITY/STATE ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER

CLASS

SERIES

PAR VALUE OR  
WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER

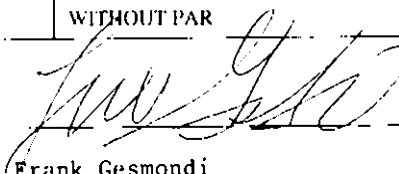
CLASS

SERIES

PAR VALUE OR  
WITHOUT PAR

Date September 27, 19 94

By:



Frank Gesmondi  
PRINT OR TYPE NAME OF OFFICER SIGNING

Member

TITLE OF OFFICER SIGNING

**FILED**  
**SEP 26 1994**

XXXXXX Filing Fee \$50.00 STATUTORY REQUIREMENT: NO FEE

LLC I.D. # 73062

To be filed annually between  
September 1 and November 1

State of Rhode Island and Providence Plantations

Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903

Annual Report for the Year 1993 (STATUTORY REQUIREMENT : 1993 LLC'S)

FIRST: The name and address of the principal office of the limited liability company is:

Baker Street Realty Associates, LLC

SECOND: It is formed under the laws of: State of Rhode Island

THIRD: Name and address of its resident agent is: Bruce A. Wolpert, Esquire  
500 Turks Head Building, P.O. Box 1116  
Providence, RI 02901-1116

FOURTH: The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Mr. Frank A. Gesmondi, Member  
C/O Priest, Kortick & Gesmondi, Ltd.  
365 Eddy Street  
Providence, RI 02903

FIFTH: A brief statement of the character of the business in which the limited liability company is actually engaged in Rhode Island. Real Estate

Dated October 14, 1993

Baker Street Realty Associates, LLC

(Name of Limited Liability Company)

\* By

Title Member

\* To be signed in the manner required by the home state.