

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 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) 2. Exact name of the limited liabilty company 1. ID No. 73062 Baker Street Realty Associates, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE DEVELOPMENT RHODE ISLAND 5. Principal office address State Cir Zip 1 BAKER STREET PROVIDENCE RI 02905 6-MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title VICTOR PRIMAVERA, III . MEMBER City Street Address State ZIp 1 BAKER STREET . PROVIDENCE RI 02905-ZNAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY OF A PPLICABLE . FILE IN SPACES BEFORE USING ATTACHMENTS ("X" BOX-ROR'ATTAGIIMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILINGIOF AMENDMENT: #11/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 State City City Zip State Zip

8: RESIDENTIAGENTAIN RHODE ISLAND DO NOT ALTER Changes require filling of Form, 642; R.I.G.L. T.I.G.L.

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



BRUCE A. WOLPERT, ESQ.

WOLPERT & GERSTENBLATT, INC.

Address

*73062 DL	LC 08/31/05/03:27:43 PM*
File Date	10/3/05
Check No.	28/
Bv:	Ch
FOR SECRET	ARY 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.

Zip

02903

Signature of Controlized Rerson Date

Victor Primavera, III
Print or Type Name of Authorized Person

10 DORRANCE STREET

**PROVIDENCE** 

City



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

(FORM MUST BE 1-1D No			ited liabilty company				
73062			y Associates, LLC				
3 State of Format	tion	4. Brief descripi	tion of the character of the	e business which is actually conducte	ed in Rhode Island	· · · · · ·	
RHODE ISLA	AND	REAL ESTA	IE DEVELOPMENT				
5 Principal office	e address			City	State	Zıp	
1 BAKER ST	TREET			PROVIDENCE	RI	02905	
6. MAILING	ADDRESS O	THE MITTER	MABILITYCOMP	NYFAND NAME OR HERE	NO RECONDANCE OF	MESON STATE OF STATE	
Contact Name				Contact Title			
VICTOR PRI	IMAVERA, 3	III		.MEMBER			
Street Address				City	State	Zıp	
1 BAKER ST				. PROVIDENCE	R1	02905	
7. NAME AND	ADDRESS	OF EACH M	ANAGER OF THE	EIMITED HABILITY CO	MPANYAFAPPIG	CABLE	ET.
	37.00	****FILL IN SI	ACES BEFORE USING	ATTACHMENTS X2BOX	FORMÍTACHMENT)		
	ANYM	ODIFICATIONS	TO MANAGERS REQU	JIRES FILING OF AMENDMENT.	R.I.G.L.7-16-12 (a) (	7.16.524	
Manager Name				• Manager Name			
N/A				∴ N/A			
Street Address				• Street Address	•		•
				•			
City	<del></del>	State	Zip	'City	State	Zip	
				:			
Manager Name	• • • • • •	•		Manager Name	• • • • • • • • • • •		
N/A				N/A			
Street Address				•Street Address			
				<u> </u>			
Cin		State	Ζιρ	.€City	State	Zip	
· The contraction of the contrac	. goden grade in state (March 18 and 18	* * **********************************	CONTRACTOR STATEMENTS	*			~~~~
8. RESIDENT.	agent in Ri	HODE ISLAN	D"DO NOT ALTER C	nanges require filling of	Form 642 R.I.G.	2060	
Agent Name				Address			
BRUCE A. W	VOLPERT, E	ESQ.		10 DORRANCE S	TREET, SUITE	530	
Address			City		Zip		
WOLPERT & GERSTENBLATT, INC.			PRCVIDENCE		02903		
				·			
						•	

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



*73062 (	DLLC 08/30/04 02:43:43 PM*
File Date_	9/15/04
Check No_	266
<i>Β</i> <u>γ.</u>	DA
FOR SECR	RETARY 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.

Victor Primavera, III Print or Type Name of Authorized Person



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

. ID No. '3062	2 Exact name of the limited Baker Street Realty A	ssociates, LLC			
State of Formation	227 200300	•	ess which is actually conducted	in Rhode Island	
RHODE ISLAND	REAL ESTATE	DB4ETOLWEN!			
Principal office add			City	State	Zıp
BAKER STRE			PROVIDENCE	RI	02905
MAILING ADI	dress of almitedatia	BILLEYCOMPANY	Contact Title	OF CONTACT P	ERSON
	ERT, ESQ., WOLPERT	& GERSTENBLATT	•	YPANY.	
reet Address	· <del></del>		City	State	Zip
	STREET, SUITE 530		. PROVIDENCE	RI	02903
NAME AND A	DDRESS OF EACH MAN	AGEROETHELLIM	THE DILLIABITATIVE COM	DANYSIFAARPUI	CABINE CARRIED
	ANY MODIFICATIONS TO	MANAGERS REQUIRES	FILING OF AMENDMENTA	RLG:L57-16-12(a)(	Win 16 52
nager Name	<u>A grant i Santa phaine bill a bhliach is dheadh i</u>		•Manager Name		
/A			•	<u></u> .	
reet Address			Street Address		
ty	State	Zıp	*City	State	Zip
,	,	-7	•		
anager Name			Manager Name		
		<del></del>	Street Address		<u>.</u>
reet Address			• Sireer Augress		
ıty	State	Zip	City	State	Zip
	ENGINATIONE SEAND	OONOTALTER-Chang	gestreduji extillideko (4.5   Address	ormi642aRifei	MAGUSAC SERVICES
ent Name BRUCE A. WOL		OONOTALTER Chanc			······································
ent Name BRUCE A. WOL Idress		OO NOT ALTER. Chang	Address 10 DORRANCE ST		530
ent Name BRUCE A. WOL  ddress  OLPERT & GE	LPERT, ESQ.	<u>t</u>	Address  10 DORRANCE ST  City  PROVIDENCE		530  Zip
PRUCE A. WOLD  ddress  NOLPERT & GE  chis report must	LPERT, ESQ.	<u>t</u>	Address  10 DORRANCE ST  City  PROVIDENCE  suant to 7-16-66.  Under penalty of p this report, including	rerjury, I declare and	530  Zip
PRICE A. WOLD  Address  OLPERT & GE  TOLPERT MUST  TOLPERT	be signed in ink by an a	<u>t</u>	Address  10 DORRANCE ST  City  PROVIDENCE  Suant to 7-16-66.  Under penalty of p this report, including and that all statements.  Signature of various in the statements.	erjury, I declare and any accompanyir ento-contained herei	2ip 02903  affirm that I have examined ag schedules and statements,
gent Name BRUCE A. WOL ddress NOLPERT & GE	be signed in ink by an a	<u>t</u>	Address  10 DORRANCE ST  City  PROVIDENCE  Suant to 7-16-66.  Under penalty of p this report, including and that all statements  Signature of variables.  Victor Print	erjury, I declare and any accompanyir ento-contained herei	2ip 02903  affirm that I have examined ag schedules and statements,



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 <u>2002</u>

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company I. ID No. 73062 Baker Street Realty Associates, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **REAL ESTATE DEVELOPMENT RHODE ISLAND** 5. Principal office address State City Zip l Baker Street 02905 Providence RI 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Bruce A. Wolpert, Esq. ·Counsel for Company Street Address Wolpert & Gerstenblatt, Inc. City State RI 10 Dorrance Street, Suite 530 02903 'Providence 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 Manager Name · Manager Name N/A Street Address \* Street Address City State Zip City State Zip Manager Name Manager Name Street Address Street Address City State .City Zip 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 Address BRUCE A. WOLPERT, ESQ. WOLPERT & GERSTENBLATT, INC. Address Zip City 10 DORRANCE STREET, SUITE 530 **PROVIDENCE** 02903

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



File Date	9-12-02
Check No.	218
Ву:	konc
FOR SECRE	TARY 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 Adihorized Person

Victor Primavera, III

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

#### - De :

ID	Number DLLC 73062	Annual Report for the year 2001
1.	The name of the limited liability comp	y is:
	Baker Street Realty Associates, LLC	
2.	The address of the principal office of	e limited liability company is:
	l Baker Street, Providenc	, 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	gent is: BRUCE A. WOLPERT, ESQ.
	WOLPERT & GERSTENBLATT, INC	0 DORRANCE STREET, SUITE 530 PROVIDENCE RI 02903
5.	The current mailing address of the lin	ed liability company and the name or title of a person to whom communication
	may be directed are: Bruce A.	olpert, Esquire
		e Street, Providence, Rhode Island 02903
6.	A brief statement of the character of state: Real Estate	he business in which the limited liability company is actually engaged in the
7.		agers, the name and address of each manager of the limited liability company  Address
	None	
		·
Da	nted <u>5/4/0/</u>	Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, at that all statements contained herein are true and correct.
		Baker Street Realty Associates, LLC
	7 3 0 6 2	Exact Name of Limited Liability Company
File	FOR SECRETARY OF STATE USE ONLY Date: 10-2-01	Ву
Che	ck No.: 363	Member Title
Rv∙	7	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

ID	Number	DLLC	73062
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ID	Number DLLC 73062	Annual Report for the year 2000
1.	The name of the limited liability compa	
	Baker Street Realty Associates, LLC	; 
2.	The address of the principal office of the Baker Street, Provid	· · · · ·
3.	The state or other jurisdiction under the	ne laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident	agentis: BRUCE A. WOLPERT
	WOLPERT & GERSTENBLATT, INC	. 10 DORRANCE STREET PROVIDENCE RI 02903
5.		nited liability company and the name or title of a person to whom communications
	may be directed are: Bruce A.	Wolpert, Esquire
	10 Dorra	nce Street, Providence, RI 02903
6.	A brief statement of the character of state:  Real Estate	f the business in which the limited liability company is actually engaged in this
7.	If the limited liability company has ma	nagers, the name and address of each manager of the limited liability company  Address
	None	
De	ted 5/2/ , 2000	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying achedules and statements, and
	7 3 0 6 2	that all statements contained herein are true and correct.  Baker Street Realty Associates, LLC  Exact Name of Limited Liability Company
	POR SECRETARY OF STATE USE ONLY Date:	By Member
Che	22 Y	Title Form No. 632

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

	Lii	MITED EIADIEN I GOMI ANT
ID	Number <u>LL 73062</u>	Annual Report for the year 1999
1.	The name of the limited liability company  Baker Street Realty Associates, LLC	ris:
	·	· · · · · · · · · · · · · · · · · · ·
2.	The address of the principal office of the  1 Baker Street, Providence	
3.	The state or other jurisdiction under the la	aws of which it is formed is RHODE ISLAND
4.	The name and address of its resident ag	ent is: BRUCE A. WOLPERT
	WOLPERT & GERSTENBLATT, INC. 10	DORRANCE STREET PROVIDENCE, RI 02903
5.		d liability company and the name or title of a person to whom communications
	may be directed are: Bruce A. Wol	pert, Esquire Street, Providence, RI 02903
<ul><li>6.</li><li>7.</li></ul>	state: Real Estate	e business in which the limited liability company is actually engaged in this gers, the name and address of each manager of the limited liability company Address
	None	
Da	ted <u>October / , 1999</u>	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.
	* 7 3 0 6 2 *	Baker Street Realty Associates, LLC  Exact Name of Limited Liability Company
	Date: PARTITION DE STATE USE ONLY	By Jul Jamma
Che	ck No.: SEP 3 0 1809	Member Title
By:	SHOW OF BIATE	Form No. 632 Revised 01/99

Revised 8/97

Filing Fee: \$50.00



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

ID	Number <u>LL 73062</u>	Annual Report for the year 1998
1.	The name of the limited liability compa	any is:
	Baker Street Realty Associates, LLC	
2.	The address of the principal office of t	he limited liability company is:
	365 Eddy Street, Providen	ce, RI 02903
3.	The state or other jurisdiction under th	e 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 th	e 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 Real Estate state:	the business in which the limited liability company is actually engaged in this
7.	If the limited liability company has ma Name	nagers, the name and address of each manager of the limited liability company  Address
	None	
		<u> </u>
Da	ated	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
	* 7 3 0 6 2 *	Exact Name of Limited Liability Company
File	FOR SECRETARY OF STATE USE ONLY e Date: 9 9 8	By III Alexand
Ch	eck No.: JSY	Member
Ву	: WP	Title Form No.   1 C-19

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

# LIMITED LIABILITY COMPANY

ID	Number 0073062	Annual Report for the year	1997
1.	The name of the limited liability company	y is:	
	Baker Street Realty Asso	ciates, LLC	
2.	The address of the principal office of the 365 Eddy Street, Providence		
3.	The state or other jurisdiction under the la	aws of which it is formed is: Rhode Island	
4.	The name and address of its resident age	Pour A Halant Familia	
٦.	The halle and address of he resident ago	10 Dorrance Street, Providence, RI	02903
5.		Frank A. Gesmondi, CPA C/O Priest, Kortick 365 Eddy Street, Providence, RI 02903	
6.	state: Real Estate	e business in which the limited liability company is actually	
7.	If the limited liability company has ma company  Name	inagers, the name and address of each manager of th  Address	e limited liability
	None		<del></del>
Da	ated, 19_ <mark>97</mark> _	Under penalty of perjury, I declare and affirm that I ha report, including any accompanying schedules and that all statements contained herein are true and correct	statements, and
	PAID	Baker Street Realty Associates, LLC exact Name of Limited Liability Company	<u></u>
	AUG 2 8 1997 UD GATE	By Member	- <del>-</del>
	OGY I VI GIAIC	Title	<del></del>

Form No LLC-19 Revised 8/97 \*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 of	company is: Baker Street Realty Associates, LLC			
SECOND:	The address of the principal office	e of the limited liability company is:			
	365 Eddy Street, Pro	vidence, RI 02903			
THIRD:	The state or other jurisdiction un	der the laws of which it is formed is: Rhode Island			
FOURTH:	The name and address of its res Bruce A. Wolpert, Esq	•			
	10 Dorrance Street, P	rovidence, 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 Real Estate	ter of the business in which the corporation is actually engaged in this state:			
•					
Dated	19 96	Baker Street Realty Associates, LLC			
		Exact Name of Limited Liability Company			
File Date:		·By Jall Latt)			
Check No:	185	To be signed in the manner required by the home state.			
Ву:	KID	Member			
For Seci	retary of State Use Only	Title			

# 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	t for the year	1995
FIRST:	The name of the limited liabili	ly company is:		
	Baker Street Rea	lty Associates, LLC		
SECOND:	The address of the principal of	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  Bruce A. Wolpert	resident agent is:		
	500 Turks Head I	Building, Providence, RI 02903	}	
FIFTH	communications may be dire Bruce A. Wolpert, E 500 Turks Head Buil	squire		
SIXTH	state:	acter of the business in which the corpora	ition is actually e	ngaged in this
	Real Estate Develo	pment		
Dated	9/12 , 19 95	Baker Street Realty Assoc Exact Name of Lignitge		nv
	FILED	*Pu All	40	
	SEP 1 9 1995	Title Member		
	By CC 0155_			

FORM LLC-19 7/95

<sup>\*</sup>To be signed in the manner required by the home state.

ling Fee \$50.00 (yable to: cretary of State

#### PLEASE TYPE or PRINT

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

# 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

orporate ID:	Annual Report for the year:		
ame of Business Entity: Baker Street Real	ity Associates, LLC		
usiness entity organized under the laws of the State of: Rhode Isl :deral Taxpayer Identification Number:	Business Entity is (check one):  [ ] Business Corporation (See RIGL Chapter 7-1 1)  [ ] Professional Service Corporation (See RIGL Chapter 7-5.1)  [x] Limited Liability Company (See RIGL 7-16)  Name, title and mailing address of contact person to whom communications may be directed:  Frank Gesmondi, CPA		
ddress and telephone of the principal office of business entity in Rhode land (Provide street address - Not P.O. Box):  365 Eddy Street	Priest, Kortick & Gesmondi, I.td.  365 Eddy Street  Providence, RI 02903  Brief statement of the character of business conducted in Rhode Island Real Estate Development		
Providence, RI	Date of Organization:OB/28/1988  Date of Qualification to do business in Rhode Island (if foreign entity):		
CHIEF EXECUTIVE OFFICER OR PRESIDENT (Creat One)	S OF THE OFFICERS ARE:  STREET ADDRESS  CITY/STATE  ZIP CODE  ZIP CODE		
	STREET ADDRESS CHYSTATE ZIP CODE.		
THE NAMES	SOF THE DIRECTORS ARE:  STREET ADDRESS  CITY/STATE  ZIPCODE  STREET ADDRESS  CITY/STATE  ZIPCODE		
-	STREET ADDRESS CHYSTATE ZIP COOF		
NUMBER OF SHARES AUTHORIZED (If Applicable)  NUMBER  CLASS  SERIES  PAR VALUE OR WITHOUT PAR  Date September	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)  NUMBER  CLASS  SERIES  PAR VALUE OR WITHOUT PAR  By:  Frank Gesmond i		
FILED SEP 2 6 1994	Member  Other Signing		

LLC LE	) # <u> </u>	73062	
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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 of	office of the limited liability company is:
Barci Gereot Acti	
SECOND: It is formed under the laws of:St	ate 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 line a person to whom communications may be directed are:  C/O Priest,	nited liability company and the name or title of Mr. Frank A. Gesmondi, Member Kortick & Gesmondi, Ltd.
365 Eddy Street	
Providence, RI 02	2903
FIFTH: A brief statement of the character of the is actually engaged in Rhode IslandReal Estate	business in which the limited liability company
	······································
Dated October 19 93 Baker Street (Name of Limited Lia * By Title Ment	Realty Associates, LLC

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