



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. 105862		2. Exact name of the limited liability company Elmway Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE, DEVELOP, MANAGE, IMPROVE, RENT, LEASE AND SELL REAL AND PERSONAL PROPERTY.			
5. Principal office address 61 Ledge Road UNIT G		City Newport	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Stephen Lewinstein			Contact Title Member		
Street Address 61 Ledge Road UNIT G		City Newport	State RI	Zip 02840	
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 DAVID J. TRACY			Address		
Address ONE FINANCIAL PLAZA, SUITE 1800			City PROVIDENCE	Zip 02903	

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



File Date	11-02-05	*105862*
Check No.	033	
By:	LP	
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
Stephen Lewinstein 10-24-05
DatePrint or Type Name of Authorized Person
Stephen Lewinstein



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
401.222.3046LIMITED 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. 105862		2. Exact name of the limited liability company Elmway Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE, DEVELOP, MANAGE, IMPROVE, RENT, LEASE AND SELL REAL AND PERSONAL PROPERTY.	
5. Principal office address 61 Ledge Road UNIT G		City Newport	State RI
		Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Stephen Lewinstein		Contact Title member	
Street Address 61 Ledge Road UNIT G		City Newport	State RI
		Zip 02840	
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	City	State
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	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 DAVID J. TRACY		Address	
Address ONE FINANCIAL PLAZA, SUITE 1800		City PROVIDENCE	Zip 02903

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



* 1 0 5 8 6 2 *

File Date	12/2/04
Check No.	14923
By:	W.
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.

Stephen Lewinstein **10-18-04**
Signature of Authorized Person Date

Stephen Lewinstein
Print of Type Name of Authorized Person



Office of the Secretary of State

Matthew A. Brown, Secretary of State

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 105862		2. Exact name of the limited liability company Elmway Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE, DEVELOP, MANAGE, IMPROVE, RENT, LEASE AND SELL REAL AND PERSONAL PROPERTY.			
5. Principal office address 61 LEDGE ROAD		City NEWPORT	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name STEPHEN R LEWINSTEIN		Contact Title MEMBER			
Street Address PO BOX 2431		City BOSTON	State MA	Zip 02208	
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 DAVID J. TRACY		Address			
Address ONE FINANCIAL PLAZA, SUITE 1800		City PROVIDENCE	Zip 02903		

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
OCT 23 11 51 AM '03

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



* 1 0 5 8 6 2 *

File Date	10/31/03
Check No.	1026
By:	[Signature]
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.

Stephen R Lewinstein 10-15-03
Signature of Authorized Person Date
Stephen R Lewinstein
Print or Type Name of Authorized Person



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 105862		2. Exact name of the limited liability company Elmway Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE, DEVELOP, MANAGE, IMPROVE, RENT, LEASE AND SELL REAL AND PERSONAL PROPERTY.			
5. Principal office address 61 Ledge Road		City Newport	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name Stephen R. Lewinstein		Contact Title			
Street Address P.O. Box 2431		City Boston	State MA	Zip 02208	
NAME AND ADDRESS OF EACH MAN OR WOMAN OF THE LIMITED LIABILITY COMPANY (IF APPLICABLE) IF FIDELITY AND SURETY BOND IS REQUIRED, ATTACHMENT IS REQUIRED FOR EACH NAME IF ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, FILE IT WITH THIS REPORT					
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
7. RESIDENT AGENT IN RHODE ISLAND (DO NOT ALTER - changes require filing of Form 642, RICL-10-1)					
Agent Name DAVID J. TRACY		Address			
Address ONE FINANCIAL PLAZA, SUITE 1800		City PROVIDENCE	Zip 02903		

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



* 1 0 5 8 6 2 *

File Date	9/16/2002
Check No.	1017
By	SR
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 9-5-02

Stephen R. Lewinstein, Trustee
Print or Type Name of Authorized Person
Wayland Square Trust d/b/a
Wayland Square Realty

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 105862

Annual Report for the year 2001

1. The name of the limited liability company is:

Elmway Associates, LLC

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

61 Ledge Road, Newport, RI 02840

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: DAVID J. TRACY, ESQ.

MCGOVERN NOEL & BENIK, INC. ONE BANKBOSTON PLAZA, 18TH FLOOR 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: Stephen R. Lewinstein

P.O. Box 2431

Boston, MA 02208

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To acquire, develop, manage, improve, rent, lease and sell real and personal property.

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

Name

Address

N/A

Dated August 29, 2001

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.



Elmway Associates, LLC

Exact Name of Limited Liability Company

By

Stephen R. Lewinstein, Trustee

Wayland Square Trust d/b/a Wayland Square Realty

Title

Form No. 632

Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date:

FILED

Check No.:

SEP 12 2001

By:

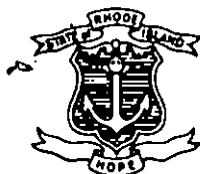
By 001010

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 DLLC 105862

Annual Report for the year 2000

1. The name of the limited liability company is:

Elmway Associates, LLC

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

61 Ledge Road, Newport, RI 02840

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: DAVID J. TRACY, ESQ.

MCGOVERN NOEL & BENIK, INC. ONE BANKBOSTON PLAZA, 18TH FLOOR 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: Stephen R. Lewinstein

P.O. Box 2431

Boston, MA 02208

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To acquire, develop, manage, improve, rent, lease and sell real and personal property.

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

Name

Address

N/A

Dated September 13, 2000



1 0 5 8 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.

Elmway Associates, LLC

Exact Name of Limited Liability Company

By Stephen R. Lewinstein

Stephen R. Lewinstein, Trustee

Wayland Square Trust d/b/a Wayland Square Realty

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10-24-00

Check No.: 1006

By: DA

Form No. 632
Revised 01/99