

# 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

	tember 1 - November 1 ED OR PRINTED IN BLACK)	• Filing Fee: \$50.00			
1. ID No. 105862	2. Exact name of the limit Elmway Associates,				
3. State of Formation RHODE ISLAND			is which is actually conducted in Rhodi IPROVE, RENT, LEASE AND SE		IAL PROPERTY,
5. Principal office add	de Ross	UNIT G	Metifo ET	State	245 OZF YO
Contact Name	Langer		Contact Title Melhber	PERSON:	
Street Address LeD	be Rong	INIT G	Newport	State P. T.	182840
		PACES BEFORE USING AT	IABILITY COMPANY, IF APPL TTACHMENTS ("X" BOX FO FILING OF AMENDMENT, R. Manager Name	R ATTACHMENT)	/ 7-16-52
Strect Address			Street Address	<del> </del>	
City	State	Zip	City	State	Zıp
Manager Name			Manager Name		
Street Address		<del></del>	Street Address	<del></del>	
Cuy	State	Zip	City	State	Zip
Agent Name	ENT IN RHODE ISLAND	DO NOT ALTER - Chan	: ges require filing of Form 6 Address	42 - R.I.G.L. 7-16-11	ı
DAVID J. TRACY			City	Z(p	
ONE FINANCIAL PLAZA, SUITE 1800			PROVIDENCE 02903		03
		-			

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

File Date	) - QS = 105862°
Check No. U.3	3
By:	
FOR SECRETA	RY 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

Print ad Type Name of Authorized Person



Filing Period: September 1 - November 1

(FORM MUST BE TYPED OR PRINTED IN BLACK)

# STATE OF RHODE ISLAND AND PROVIDENCE IN NUMBEROUS 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 \_

• Filing Fee: \$50.00

3 State of Fermation RHODE ISLAND	TO ACQUIRE	,	iness which is actually conducted in Rhode IMPROVE, RENT, LEASE AND SEI		AL PROPERTY.
5 Principal office address 6   Ledge 6. MAILING ADDRE	ROAD .	JN [T G LITY COMPANY AND	Newport Name or title of contact i	State RI	02840
Stephen	1	STEIN	Contact Title Member		
Street Address 61 LEDS	e Roan	UNIT6	Newport	R.I	02040
AN' Manager Name	FILL IN SP	ACES BEFORE USING	D LIABILITY COMPANY, IF APPL ATTACHMENTS ("X" BOX FOL UES FILING OF AMENDMENT, R.) Manager Name	R ATTACHMENT) 🔲	/ 7-16-52
Street Address		,	Street Address		
City	State	Zφ	Guy	State	Zıp
Manager Name	I		Manager Name		J
Street Address	7. <del>.</del> —		Street Address	5 · • • • • • • • • • • • • • • • • • •	
City	State	Zip	Cuv	State	Zip
8. RESIDENT AGEN	Γ IN RHODE ISLAND	DO NOT ALTER - CH	tranges require filling of Form 6  Address	42 - R.I.G.L. 7-16-11	ľ
Agent Name  DAVID J. TRACY		Address			
DAVID J. TRACY	<del> </del>				

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



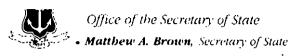
File Date	19/9/04			
Check No	14923			
By:	<u> </u>			
FOR SECRETARY OF STATE USE ONLY				

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.

Signatule of Authorized Person Date

Stephen Lew INSTEIN

Form 632 Rev. 7/03



### 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 2 Exact name of the limited liability company 105862 Elmway Associates, LLC 3. State of Formation 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. **RHODE ISLAND** 5. Principal office address 61 Leage ROAD 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Box 2431 MA . 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 sianayer Name Manager Name Street Address Street Address City State Zφ  $Z_{ip}$ Manayer Name Street Address Street Address City City State Z(q)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 **DAVID J. TRACY** Address ONE FINANCIAL PLAZA, SUITE 1800 **PROVIDENCE** 

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 0 31 03	
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

Stephen R Lewinstein

rint or Type Name of Authorized Person –



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

1. ID No	2 Exact name of	PED OR PRINTED IN BLACK)  2 Exact name of the limited liabilty company					
105862	Elmway Associates, LLC						
3 State of Formation			he business which is actually conduct				
RHODE ISLANI	D   TO A	CQUIRE, DEVELOP, MANAG	GE, IMPROVE, RENT, LEASE AN	D SELL REAL AND PERS	SONAL PROPERTY.		
5. Principal office a			City	State	Zip		
61 Ledge	Road		Newport	RI	02840		
6. MAILING A	DDRESS OF LIM	FEED LIABILITY COMP	ANY AND NAME OR HITU	eolyconnaciadak	30(R3) - 1 (R3) - 1 (		
Contact Name	T!		Contact Title				
•	Lewinstein		•		· · · · · · · · · · · · · · · · · · ·		
Street Address P.O. Box 2	431		City Boston	State MA	<sup>2ip</sup> 02208		
TNAMENNOA	<b>元,这一是</b> 100	NSPACES HELOROSISIN	interoritybuilty con Genycomback	W.O.C. WACHMENTS			
	ANY MODIFIC	TIONS TO MANAGERS REC	UIRES FILING OF A MENDMENT	RIGE (1020)			
Manager Name			• Manager Name	• Manager Name •			
None			•	<u> </u>			
Street Address			• Street Address				
City	State	Zip	*City	State	Zip		
Manager Name			Manager Name	1			
Street Address			Street Address				
			•				
City	State	Zip	.Ciŋ.	State	Ζίρ		
TO STATE A STATE OF THE PARTY OF THE STATE O	ENTERNATION	ISI-AND-QONOTALTER-C	hánges require filingial	75mm 20175101			
Agent Name			Address				
DAVID J. TRACY							
Address			City	Zi	P		
ONE FINANCIAL PLAZA, SUITE 1800			PROVIDENCE		02903		
\				·			

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



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.

re of Authorized Person

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

Wayland Square Realty

Form 632 Rev. 6/02

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 Roston, MA 02208
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in this
7.	state: To acquire, develop, manage, improve, rent, lease and sell real and personal property.  If the limited liability company has managers, the name and address of each manager of the limited liability company Address

Dated <u>August 29, 2001</u>



Under (	penalty of	perjury	y, I declare ar	nd affirm th	nat I have	examined	this
report,	including	any a	accompanying	schedule	s and sta	atements,	and
that all	statement	s conta	iined herein ai	e true and	correct.		

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY
File Date: FILED

By Lowing

Spephen R. Lewinstein, Trustee
Wayland Square Trust d/b/a Way

Wayland Square Trust d/b/a Wayland Square Realty

Title

Form No. 632 Revised 01/99

Check No.: SEP 1 2 2001

By: By 00 10 10

Elmway Associates, LLC

Filing Fee: \$50.00

# To be filed annually between September 1 and November 1

Revised 01/99



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
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By:

Annual Report for the year 2000

1.	The name of the limited liability compa	iny is:	
	Elmway Associates, LLC	· · · · · · · · · · · · · · · · · · ·	
2.	The address of the principal office of the first tender of tender		
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: DAVID J. TRACY, ESQ.			
	MCGOVERN NOEL & BENIK, INC. O	NE BANKBOSTON PLAZA, 18TH FLOOR PROVIDENCE RI 02903	
5.	The current mailing address of the lim  may be directed are:  Stephen F  P.O. Box  Boston, F	2431	
<ul><li>7.</li></ul>	state: To acquire, develop, ma	the business in which the limited liability company is actually engaged in this anage, improve, rent, lease and sell real and personal magers, the name and address of each manager of the limited liability company Address	
Da	September 13, 2000  1 0 5 8 6 2  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.  Elmway Associates, LIC  Exact Name of Limited Liability Company	
	e Date: 10-24-00 eck No.: 1006	Stephen R. Lewinstein, Trustee  Wayland Square Trust d/b/a Wayland Square Realty  Title  Form No. 632	