



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 02903-13  
401.222.30

**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. Filing No. 113266		2. Exact name of the limited liability company NORTH MEADOW PROPERTIES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL PROPERTY	
5. Principal office address 109 CARR LANE		City JAMESTOWN	State RI
		Zip 02835	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name PAUL A ROBERTSON		Contact Title Member Manager	
Street Address 109 Carr Lane		City JAMESTOWN	State RI
		Zip 02835	
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 PAUL A ROBERTSON		Manager Name Elsie P Medeiros	
Street Address 109 Carr Lane		Street Address 165 Prospect St	
City JAMESTOWN	State RI	City Seekonk	State MA
	Zip 02835		Zip 02771
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		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 PAUL A. ROBERTSON		Address	
Address 109 CARR LANE		City JAMESTOWN	Zip 02835

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



File Date	9/6/05	*113266*
Check No.	1546	
By:	DA	
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.

Mark Kames 9/2/05  
Signature of Authorized Person Date

Mark Kames CPA  
Print or Type Name of Authorized Person



**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 <b>113266</b>		2. Exact name of the limited liability company: <b>NORTH MEADOW PROPERTIES, 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>RENTAL PROPERTY</b>	
5. Principal office address: <b>109 Carr Lane</b>		City: <b>Jamestown</b>	State: <b>RI</b>
		Zip: <b>02835</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name: <b>PAUL A ROBERTSON</b>		Contact Title: <b>Manager</b>	
Street Address: <b>109 Carr Lane</b>		City: <b>Jamestown</b>	State: <b>RI</b>
		Zip: <b>02835</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>PAUL A ROBERTSON</b>		Manager Name: <b>Elsie P. Medeiros</b>	
Street Address: <b>109 Carr Lane</b>		Street Address: <b>165 Prospect St</b>	
City: <b>Jamestown</b>	State: <b>RI</b>	City: <b>Seekonk</b>	State: <b>MA</b>
Zip: <b>02835</b>		Zip: <b>02771</b>	
Manager Name:		Manager Name:	
Street Address:		Street Address:	
City:	State:	City:	State:
Zip:		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: <b>PAUL A ROBERTSON</b>		Address:	
Address: <b>109 CARR LANE</b>		City: <b>JAMESTOWN</b>	Zip: <b>02835</b>

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



\* 1 1 3 2 6 6 \*

File Date	<b>9/13/04</b>
Check No	<b>1472</b>
By	<b>DA</b>
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

Mark Kames 9/9/04  
Signature of Authorized Person Date  
Mark Kames CPA  
Print or Type Name of Authorized Person



**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. 113266		2. Exact name of the limited liability company NORTH MEADOW PROPERTIES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL PROPERTY	
5. Principal office address 109 Carr Lane		City Jamestown	State RI
		Zip 02835	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name PAUL A ROBERTSON		Contact Title Manager	
Street Address 109 CARR LANE		City Jamestown	State RI
		Zip 02835	
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 PAUL A ROBERTSON		Manager Name Elsie P medeiros	
Street Address 109 Carr Lane		Street Address 165 Prospect St	
City Jamestown	State RI	City Seekonk	State MA
Zip 02835		Zip 02771	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 PAUL A. ROBERTSON		Address	
Address 109 CARR LANE		City JAMESTOWN	Zip 02835-

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



\* 1 1 3 2 6 6 \*

File Date 9/29/03  
Check No 1386  
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

Mark Kauer 9/25/02  
Signature of Authorized Person Date  
CPA  
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. 113266		2. Exact name of the limited liability company NORTH MEADOW PROPERTIES, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL PROPERTY			
5. Principal office address 109 Carr Lane		City Jamestown	State RI	Zip 02835	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PAUL A Robertson		Contact Title Manager			
Street Address 109 Carr Lane		City Jamestown	State RI	Zip 02835	
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 PAUL A Robertson		Manager Name Elsie P. Medeiros			
Street Address 109 Carr Lane		Street Address 165 Prospect St			
City Jamestown	State RI	Zip 02835	City Seekonk	State MA	Zip 02771
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. 7-16-13					
Agent Name PAUL A. ROBERTSON		Address			
Address 109 CARR LANE		City JAMESTOWN	Zip 02835-		

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



\* 1 1 3 2 6 6 \*

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.

File Date 9-9-02  
Check No. 1231  
By: de  
FOR SECRETARY OF STATE USE ONLY

Mark Buss 9/6/02  
Signature of Authorized Person Date  
CPA  
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 113266

Annual Report for the year 2001

- The name of the limited liability company is:  
NORTH MEADOW PROPERTIES, LLC
- The address of the principal office of the limited liability company is:  
109 Carr lane, Jamestown RI 02835
- 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: PAUL A. ROBERTSON  
109 CARR LANE JAMESTOWN RI 02835-
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 109 Carr lane, Jamestown RI 02835  
Paul Robertson
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Rental property
- If the limited liability company has managers, the name and address of each manager of the limited liability company
 

Name	Address
<u>Paul Robertson</u>	<u>109 Carr lane, Jamestown, RI 02835</u>

Dated 8-24-01



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.

North Meadow Properties, LLC  
Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-4-01</u>
Check No.:	<u>1112</u>
By:	<u>re</u>

By Paul Robertson  
Manager  
Title

Form No. 632  
Revised 01/99

DETACH SECTION 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 contact with this office at 401-222-3040, or from our web site at [www.sos.state.ri.us](http://www.sos.state.ri.us)