



**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. 120967		2. Exact name of the limited liability company 501 Centerville LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN, DEVELOP, LEASE AND MANAGE REAL ESTATE	
5. Principal office address One James PMurphy Highway		City West Warwick	State RI
		Zip 02893	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Stephen G Soscia		Contact Title Manager	
Street Address One James P Murphy Highway		City West Warwick	State RI
		Zip 02893	
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 Stephen G Soscia		Manager Name	
Street Address One James P Murphy Highway		Street Address	
City West Warwick	State RI	Zip 02893	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 FREDERICK C. KILGUSS, JR. ESQ.		Address	
Address 535 CENTERVILLE ROAD		City WARWICK	Zip 02886-

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



File Date	9/30/05	*120967*
Check No.	2479	
By:		
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.

9/29/05  
Signature of Authorized Person Date  
Stephen G Soscia Manager  
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

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1. ID No <b>120967</b>		2. Exact name of the limited liability company <b>501 Centerville 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>TO OWN, DEVELOP, LEASE AND MANAGE REAL ESTATE</b>	
5. Principal office address <b>One James P Murphy Highway</b>		City <b>West Warwick</b>	State <b>RI</b>
		Zip <b>02893</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Stephen G Soscia</b>		Contact Title <b>Manager</b>	
Street Address <b>One James P Murphy Highway</b>		City <b>West Warwick</b>	State <b>RI</b>
		Zip <b>02893</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>Stephen G Soscia</b>		Manager Name	
Street Address <b>One James P Murphy Highway</b>		Street Address	
City <b>West Warwick</b>	State <b>RI</b>	City	State
Zip <b>02893</b>		Zip	
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>FREDERICK C. KILGUSS, JR. ESQ.</b>		Address	
Address <b>535 CENTERVILLE ROAD</b>		City <b>WARWICK</b>	Zip <b>02886</b>

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



\* 1 2 0 9 6 7 \*

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 10/28/04  
Check No. 2310  
By: LS  
FOR SECRETARY OF STATE USE ONLY

Stephen Soscia Manager 10/27/04  
Signature of Authorized Person Date

Stephen G Soscia, Manager  
Print or Type Name of Authorized Person



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003**

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No <b>120967</b>		2 Exact name of the limited liability company <b>501 Centerville 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>TO OWN, DEVELOP, LEASE AND MANAGE REAL ESTATE</b>			
5 Principal office address <b>One James P Murphy Highway</b>			City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Stephen G Soscia</b>			Contact Title <b>Manager</b>		
Street Address <b>One James P Murphy Highway</b>			City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</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>Stephen G Soscia</b>			Manager Name		
Street Address <b>One James P Murphy Highway</b>			Street Address		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	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 <b>FREDERICK C. KILGUSS, JR. ESQ.</b>			Address		
Address <b>535 CENTERVILLE ROAD</b>			City <b>WARWICK</b>	Zip <b>02886-</b>	

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



\* 1 2 0 9 6 7 \*

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 10/31/03  
Check No. 2124  
By [Signature]  
FOR SECRETARY OF STATE USE ONLY

Stephen G Soscia Manager 10/27/03  
Signature of Authorized Person Date

**Stephen G Soscia, Manager**  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *120967*		2. Exact name of the limited liability company 501 Centerville LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN, DEVELOP, LEASE AND MANAGE REAL ESTATE	
5. Principal office address ONE JAMES P MURPHY HIGHWAY, SUITE 200		City WEST WARWICK	State RI
		Zip 02893	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Stephen G. Soscia		Contact Title Manager	
Street Address One James P. Murphy Highway, Suite 200		City West Warwick	State RI
		Zip 02893	
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 (D) / 7-16-12			
Manager Name Stephen G. Soscia		*Manager Name	
Street Address One James P. Murphy Highway, Suite 200		*Street Address	
City West Warwick	State RI	Zip 02893	*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 FREDERICK C. KILGUSS, JR. ESQ.		Address 535 CENTERVILLE ROAD	
Address		City WARWICK	Zip 02886-

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



\* 1 2 0 9 6 7 \*

\*\*120967\* 12/24/02 11:55:00 AM\*

File Date 12/26/2002

Check No. 1094

By: gfs

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 G. Soscia 12/26/02  
Signature of Authorized Person Date

STEPHEN G. SOSCIA, MANAGER  
Print or Type Name of Authorized Person

RECEIVED  
SECRETARY OF STATE  
DEC 26 3 58 PM '02