

Matthew A. Brown, Secretary of State Corporations Division 148 W. River Street, Providence, Rt 02904-2615 401.222.3040

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

1. ID No.	2. Exact	name of the limi	ted liabilty company	<del></del>			
127472		sachusetts Bay Commuter Railroad Company, LLC					
3. State of Formation	4. Brief description of the character of the busin			e business which is actually conduc	ted in Rhode Island	·	
DELAWARE				ER TRANSPORTATION FOR			
5. Principal office addre.	SS			City	State	Zip	
89 SOUTH STREE	ET, 81	'H FLOOR		BOSTON	MA	02111	
6. MAILING ADDR Contact Name JAMES F O'LEAF		F LIMITED I	JABILITY COMP	ANY AND NAME OR TITL	E OF CONTACT PERS	ON:	
Street Address	_		·	City	State	Zip	
89 SOUTH STREE	т, 8т	H FLOOR		BOSTON	MA	02111	
			UIRES FILING OF AMENDMENT  • Manager Name	TACHMENTS ("X" BOX FOR ATTACHMENT)  S FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52  *Manager Name  James F. O'Leary			
Street Address			<del></del>	*Street Address			
89 South Stree	t, 8t	h Floor		.89 South Stre	89 South Street, 8th Floor		
City		State	Zip	*City	State	Zip	
Boston		MA	02111	Boston	AM	02111	
Manager Name	• • • •	· · · · · · · ·		Manager Name			
William Spurr				James Stoetze	James Stoetzel		
Street Address				•Street Address	•Street Address		
89 South Stree	et, 8t	h Floor		:89 South Stre	89 South Street, 8th Floor		
City		State	Zip	"Ciry	State	Тар	
Boston		MA	02111	Boston	ма	02111	
8. RESIDENT AGEN	T IN RI	IODE ISLAND	-DO NOT ALTER- CI	hanges require filing of	Form 642 - R.I.G.L. 7-16	i-11	
Agent Name				Address		<del></del>	
PASCO GASBARRO JR. ESQ.			50 KENNEDY PI	50 KENNEDY PLAZA, SUITE 1500			
Address			City	7sp			
			PROVIDENCE	02	2903		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



127472 FLLC 10/18/06 11:59:17 AM*	
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By GOGSON AID SINI	
FOR SECRETARY OF STATE USE ONLY	: 338

onder penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements fontained herein are true and correct.

Signature of Authorized Person

Pasco Gasbarro Jr.

Print or Type Name of Authorized Person

## Massachusetts Bay Commuter Railroad Company, LLC

Corporate ID No:

3566566

### Name and Addresses of Current Directors (con't.)

Name	Address	
Benoit Papy	89 South Street, 8th Floor Boston, MA 02111	



#### 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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127472   Massachusetts Bay Commuter Railroad Company, LLC	1. ID No.	2 Exact	name of the limit	ed liabilty company		<del></del>	· · · ·		
Solice of Formation   A. Brief description of the character of the business which is actually conducted in Rhode Island									
DELAWARE  OPERATE & MANAGE PASSENGER TRANSPORTATION FOR THE MBTA  S. Principal differ address  89 SOUTH STREET, 8TH FLOOR  Connect Name  S. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Connect Name  JAMES F O'LEARY  Connect Name  ROSTON  MA  O2111  South STREET, 8TH FLOOR  ANY MODIFICATIONS TO MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE  FILL IN SPACES BEFORE USING ATTACHMENT)  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52  Monager Name  James Stoetzel  Sover Address  89 South Street, 8th Floor  City  Boston  MA  O2111  Boston  MA  O22111  Boston  MA  O2211  Bosto	3. State of Formation	.1	•			ted in Rhode Island			
B9 SOUTH STREET, 8TH FLOOR  6. MALLING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Connect Title  JAMES F O'LEARY  Street Address  B9 SOUTH STREET, 8TH FLOOR  BOSTON  MA  City  BOSTON  MA  City  ANAME 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 FLUNG OF AMENOMENT. RIGL 1-16-12 (a) (2) 17-16-52  ANON MODIFICATIONS TO MANAGERS REQUIRES FLUNG OF AMENOMENT. RIGL 1-16-12 (a) (2) 17-16-52  ANON MODIFICATIONS TO MANAGERS REQUIRES FLUNG OF AMENOMENT. RIGL 1-16-12 (a) (2) 17-16-52  AMONING FROM MANAGER OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS  ("X" BOX FOR ATTACHMENT)  James F. O'Leary  James Stoetzel  Street Address  B9 South Street, 8th Floor  B9 South	DELAWARE								
6. MAILING ADDRESS OF LIMITED LIABILITY CONIFANY AND NAME OR TITLE OF CONTACT PERSON:  Conical Name  JAMES F O'LEARY  Street Address  89 SOUTH STREET, 8TH FLOOR  ROSTON  NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENT)  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L.7-16-12 (a) (2) / 7-16-52  Manager Name  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L.7-16-12 (a) (2) / 7-16-52  Manager Name  James F. O'Leary  Street Address  89 South Street, 8th Floor  City  Socie  Address  B9 South Street, 8th Floor  MA  O2111  Monager Name  Antoine Hurel  Milliam Sputs  South Street, 8th Floor  Any Modifications To Manager Name  William Sputs  South Street, 8th Floor  City  Solic  City  Solic  City  Solic  Address  89 South Street, 8th Floor  City  Solic  Address  B9 South Street, 8th Floor  City  Solic  Address  B0 South Street, 8th Floor  City  MA  O2111  Boston  O  O2903  DE  OCTOP  DE  OCTOP  Address  DE  OCTOP  Ad					City	State	Zip		
Contact Name   Contact Name   Contact Title	89 SOUTH STREET, 8TH FLOOR			BOSTON	MA	02111			
89 SOUTH STREET, 8TH FLOOR  BOSTON  MA    D2111	Contact Name		F LIMITED L	IABILITY COMPA		E OF CONTACT PE	RSON:		
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.I, 7-16-12 (a) (2) / 7-16-52  Manager Name  James F. O'Leary  James Stoetzel  Street Address  89 South Street, 8th Floor  City  State  Antoine Hurel  Manager Name  Antoine Hurel  Street Address  89 South Street, 8th Floor  MA  O2111  Manager Name  Antoine Hurel  Street Address  89 South Street, 8th Floor  MA  O2111  Manager Name  Antoine Hurel  Street Address  89 South Street, 8th Floor  MB  O2111  Manager Name  Antoine Hurel  Street Address  Be South Street, 8th Floor  MB  O2111  Manager Name  Address  Be South Street, 8th Floor  Street Address  Be South Street, 8th Floor  And O2111  Manager Name  JAMES P. REDDING, ESQ.  Address  HINCKLEY, ALLEN & SNYDER LLP  PROVIDENCE  D2903 CC  TITLE  AND DATE					City	State	Zip		
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) 17-16-52  Manager Name  James F. O'Leary  James Stoetzel  Street Address  89 South Street, 8th Floor  City Boston  MA  O2111  Monager Name Antoine Hurel  Street Address  89 South Street, 8th Floor  MA  O2111  Monager Name Antoine Hurel  Street Address  89 South Street, 8th Floor  Street Address  Boston  MA  O2111  Boston  MA  O2111	89 SOUTH STREE	ET, 8T	H FLOOR		. BOSTON	MA	02111		
Sirect Address  89 South Street, 8th Floor  City Boston MA  O2111 Boston Manager Name Antoine Hurel  Sirect Address  89 South Street, 8th Floor  Manager Name Antoine Hurel  Sirect Address  89 South Street, 8th Floor  Sirect Address  89 South Street, 8th Floor  City State  Sirect Address  89 South Street, 8th Floor  City Boston MA  O2111 Agent Name  JAMES P. REDDING, ESQ.  ISO0 FLEET CENTER  Address  HINCKLEY, ALLEN & SNYDER LLP  PROVIDENCE  PROVIDENCE  FE  City D2903  City D2904  City			FILL IN SPA	CES BEFORE USING	ATTACHMENTS ("X" BOX IRES FILING OF AMENDMENT	X FOR ATTACHMENT) [	2′		
89 South Street, 8th Floor  City Boston MA  Double State  And Double Street Street  MA  Double Street Address  South Street Street State  Address  Lip  South Street Address  So	James F. O'Lea	ary			James Stoetze	James Stoetzel			
City Boston MA  State MA  02111 Boston Manager Name Antonine Hurel Milliam Spurr  Street Address  89 South Street, 8th Floor City Boston MA  02111 Boston MA  0	Sireei Address			· Sirect Address	· Street Address				
City State Zip O2111  Boston MA 02111 Boston MA 02111  Manager Name Antonie Hurel William Spurr  Street Address  89 South Street, 8th Floor 89 South Street, 8th Floor  City Boston MA 02111 Boston MA 02111  8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER Changes require filling of Form 642 - R.I.G.L. 7-16-11  Agent Name  JAMES P. REDDING, ESQ. 1500 FLEET CENTER  Address HINCKLEY, ALLEN & SNYDER LLP  PROVIDENCE  Distance Zip O2111  Address  City State Zip O2111  Boston MA 02111  B	89 South Stree	et, 8t	h Floor		89 South Stre	et, 8th Floor			
Manager Name Antoine Hurel  Sirect Address 89 South Street, 8th Floor  City Boston  NAM  NESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11  Address  JAMES P. REDDING, ESQ.  1500 FLEET CENTER  City PROVIDENCE  PROVIDENCE  PROVIDENCE  Address  Lip Cov City City City City City City City City	1 '		State	Zıp			Zip		
Antoine Hurel  Sircet Address  89 South Street, 8th Floor  Sign State  City  Boston  MA  02111  Boston  MA  State  MA  02111  Boston  S. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER. Changes require filling of Form 642 - R.I.G.L. 7-16-11  Agent Name  JAMES P. REDDING, ESQ.  1500 FLEET CENTER  Address  HINCKLEY, ALLEN & SNYDER LLP  PROVIDENCE  D2903 CC  THE TOTAL CONTENT OF THE PROVIDENCE  PROVIDENCE  D2903 CC  TOTAL CONTENT OF THE PROVIDENCE  D2903 CC	i .		MA	02111	Boston	MA	02111		
Sircel Address  89 South Street, 8th Floor  City  Boston  MA  02111  B	1 7			••••••	•••	• • • • • • • • • • • • •			
89 South Street, 8th Floor  City  Boston  MA  02111  Boston  MA  02111  8. RESIDENT ACENT IN RHODE ISLAND DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11  Address  JAMES P. REDDING, ESQ.  1500 FLEET CENTER  City  PROVIDENCE  2ip  02903 CE  171  2ip  172  2ip  173  2ip  174  2ip  175  2						•			
Boston MA 02111 Boston MA 02111  8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER Changes require filing of Form 642 - R.I.G.L. 7-16-11  Agent Name  JAMES P. REDDING, ESQ. 1500 FLEET CENTER  Address  HINCKLEY, ALLEN & SNYDER LLP  PROVIDENCE  State Zap  Address  Cay  PROVIDENCE  D2903 CE  TT		0.							
Boston MA 02111 Boston MA 02111  8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER. Changes require filling of Form 642 -R.I.G.L. 7-16-11  Address  JAMES P. REDDING, ESQ. 1500 FLEET CENTER  Address  HINCKLEY, ALLEN & SNYDER LLP  PROVIDENCE  D2903 © 777  TO THE PROVIDENCE		et, st							
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filling of Form 642 - R.I.G.L. 7-16-11  Address  JAMES P. REDDING, ESQ.  1500 FLEET CENTER  City  PROVIDENCE  1500 FLEET CENTER  2ip  02903 CC  1500 FLEET CENTER  2ip  1500 FLEET	¦ ′			'	•		I *		
JAMES P. REDDING, ESQ.  Address  Cuy  PROVIDENCE  PROVIDENCE  DESCRIPTION  TO THE PROVIDENCE  TO THE PR	la recensor a servición	· · · · · · · · · · · · · · · · · · ·	l 1 - 1		•				
HINCKLEY, ALLEN & SNYDER LLP  PROVIDENCE  O2903 © TO	Agent Name	_		-DO NOT ALTER- Ch		Form 642 - R.I.G.L.	7-16-11		
HINCKLEY, ALLEN & SNYDER LLP  PROVIDENCE  O2903 © TO	JAMES P. REDDI	NG, ES	iQ.		1500 FLEET CE	1500 FLEET CENTER			
HINCKLEY, ALLEN & SNYDER LLP  PROVIDENCE  02903 CC CT	Address				Cuy	City Zip			
Post of the United States of t	HINCKLEY, ALLEN & SNYDER LLP			PROVIDENCE		02903 🗢 💢 📆			
This report must be signed in ink by an authorized person pursuant to 7-16-66.	This report must be	sianed	in ink by on	authorized narrow	nurcuant to 7 16 66		M Th J. S.		



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File Date	11/18/01
Check No.	164521
8 <u>y:</u>	1)
FOR SECR	ETARY 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.

	11/7/04
Signature of Authorized Person	Date
James R Redding	
Print or Type Name of Authorized	Person

Form 632 Rev. 6/02



#### 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 2003

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L. ID No.	2. Exact name of	the limited liabilty company		·			
127472		sachusetts Bay Commuter Railroad Company, LLC					
3. State of Formation 4. Brief description of the character of the business			business which is actually condu	icted in Rhode Island			
DELAWARE	operat	te and manage passeng	er transportaion fo	r the MBTA as appr	oved		
5. Principal office add	dress	··	City	State	Zip		
89 South Str	eet, 8th FLo	or	Boston	MA	02110		
6. MAILING AD Contact Name James F. O		TED LIABILITY COMPA	NY AND NAME OR TITE Contact Title Manager	LE OF CONTACT PER	son:		
Sireei Address	<u> </u>	•	City	State	Zip		
89 South Str	eet, 8th FLoo	r	Boston	MA	02110		
FILL IN SPACES BEFORE USING A ANY MODIFICATIONS TO MANAGERS REQUIRE  Manager Name  James F. O'Leary			ATTACHMENTS ("N" BOX FOR ATTACHMENT) RESPILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52  -Manager Name  James Stoetzel				
Street Address			* Street Address				
89 South Str	eet, 8th FLoo	or	.89 South Str	.89 South Street, 8th FLoor			
City	State	Zip	City	State	Zip		
Boston	JMA	02110	Boston	MA	02110		
Manager Name	_		Manager Nume				
Antoine Hure	:1 			Philippe Payen			
Street Address	0-5 51-		Street Address				
City	reet, 8th FLo	Zip	Civ	eet, 8th FLoor	Zap		
Boston	MA	02110	Boston	State	'		
•		•	• _	[MA	02110		
8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Character Name			Address				
JAMES P. REDDING, ESQ.			1500 FLEET C	1500 FLEET CENTER			
Address			City	Zı	ρ		
HINCKLEY, ALLEN & SNYDER LLP			PROVIDENCE	0	)2903-		

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



*127472	FLLC 10 6:01 AM*
File Date	MOV O A 2002
Check No.	NOV 24 2003
Bv-	By M12563
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 Authorized Person

James P. Redding, Resident Agent

Print or Type Name of Authorized Person

Form 632 Rev. 6/02

### ANNUAL REPORT FOR THE YEAR 2003

Additional Information Sheet

# Massachusetts Bay Commuter Railroad Company, LLC

Corporate ID No:

### 8. NAME AND ADDRESSES OF THE OFFICERS (con't.)

Name		Address	Title	
William Spurr		89 Sousth Street, 8th Floor Manag		
		Boston, MA 02110	_	