

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

TED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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	TYPED OR PRINTED IN BL								
1. ID No. 87472	2. Exact name of the lin ONADUNE, L.L.C	act name of the limited liabilty company ADUNE, L.L.C.							
3. State of Formation	n 4. Brief descrip	tion of the character of	the business which is actually conduc	ted in Rhode Island					
RHODE ISLAN	ND REAL ESTA	TE HOLDING							
5. Principal office a			City	State	Zip				
85 EAST IND	DIA ROW #16F		BOSTON	МA	02110-3397				
6. MAILING A	DDRESS OF LIMITED	LIABILITY COM	PANY AND INAME OR TITE	E OF CONTACT F	PERSON:				
Contact Name			Contact Title						
MARGARET B.			.Member						
Street Address	73 7011 4467		City	State	Zip				
85 EAST IND			BOSTON	MA	02110-3397				
ದಿಂದು ತಿರ್ದೇಶ ಇಗೆದುವ	FU.L. IN S	PACES BEFORE, USU	E LIMITED LIABILITY CO NG.ATIACHNENTS	X FOR'ATTACHMENT	(C)				
lanager Name		TO WARRIERS RE	• Manager Name	. 1 K.I.G.L 7-16-12 (8) (2) 1 1-15-52				
None			·						
Street Address			• Street Address	* Street Address					
			•						
City	State	Zip	City	State	Zip				
Manager Name			Manager Name	.					
Street Address			· Street Address		<u> </u>				
City	State	12:	.Ciry						
	J. S.	Zip	·	State	Zip				
R. RESIDENT AC	GENT IN RHODE ISLAN	D-DO NOT ALTER!	changes require filing of	Form 642 (R.I.C.)	7-16-11				
gent Name	**************************************		Address	The state of the s					
DAVID T. RIEC	DEL		10 WEYBOSSET	STREET					
4.4.4		<u> </u>	City		Zip				
Aaaress			l 		1				
Address			PROVIDENCE		02903				

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



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File Date 10/3/03	
Check No. /383	
B_{X} Ω_{X}	
FOR SECRETARY OF STATE USE OF	NLY

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.

Margaret	B	brens	9/29/05
Signature of Authorized Person		Date	

Margaret B. Wood 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 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

_	ED OR PRINTED IN BL	•	130.00		
1. ID No. 87472	2. Exact name of the lin	nited liabilty company			
3. State of Formation	4. Brief descrip	tion of the character of t	he business which is actually cond	hicted in Rhode Island	
RHODE ISLAND	REAL ESTA	TE HOLDING			
5. Principal office addn	ess		City	State	Zip
85 EAST INDIA	ROW #16F		BOSTON	МА	02110-3397
6. MAILING ADD Contact Name MARGARET B WO		LIABILITY COMP	PANY AND NAME OR TIT	LE OF CONTACT,	PERSON:
Sireei Address	 		City	State	Zip
85 EAST INDIA	ROW #16F		. BOSTON	MA.	02110-3397
Manager Name		ACES BEFORE USIN TO MANAGERS REC	NG ATTACHMENTS ("X" B QUIRES FILING OF AMENDME • Manager Name	OX FOR ATTACHMENT, NT. R.I.G.L 7-16-12 (a) (
None			•		
Street Address	-		*Street Address	·	· -
City	State	Zip	*Ciry	State	Zip
Manager Name			Manager Name	• • • • • • • • • • • • •	
Street Address		············	· Sirect Address		
City	State	Zip	City	State	Ζίμ
8. RESIDENT AĞEN Agent Name	KT IN RHODE ISLAN	D -DO NOT ALTER- C	hanges require filing o	of Form 642 - R.I.G.I	,, 7-16-11
DAVID T. RIEDEL	_		10 WEYBOSSE	T STREET	
Address			Ciry		Zip
		. -	PROVIDENCE		02903

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

OCT 04 2004 By kmc m46498

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File Date	
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FOR SECRETARY OF STATE USE ONLY	

Inder penalty of perjury, I declare and affirm that I have examined
his report, including any accompanying schedules and statements.
and that all statements contained herein are true and correct.

Margarel	ß.	hovel	9	128/04
Signature of Authorized Person		Date		

Margaret B. Wood Print or Type Name of Authorized Person



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

(FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company 87472 ONADUNE, L.L.C. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING RHODE ISLAND 5 Principal office address City State Zıp 85 EAST INDIA ROW #16F BOSTON MA 02110-3397 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title MARGARET B WOOD Member Street Address City State 85 EAST INDIA ROW #16F BOSTON MA 02110-3397 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 · Manager Name None Street Address · Street Address City State Zip Cirv State Zip Manager Name Monoger Name Street Address Street Address Ciry Siaic State Zio 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 tgent Name Address DAVID T. RIEDEL 10 WEYBOSSET STREET Address Cin Zip PROVIDENCE 02903

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



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FOR SECRETAR	RY OF STATE USE ONLY

Under penalty of perjury, I declare and	d affirm that I have examined
this report, including any accompanyi	ing schedules and statements,
and that all statements contained here	in are true and correct.
	1 () ,

Margaret B. Word 2/8/04

ignature of Authorized Person Date

Margaret B. Wood

Print 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

DIMITED LIADILITY CO) IVI .	PAIN I	(AININUAI	REPURI	ruk	Int	Y LAK	<u> </u>
Filing Period: September 1 - November 1	•	Filing !	Fee: \$50.00					

1.1D No. 87472 ONADUNE, L.L.C. 3. State of Formation RHODE ISLAND 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING 5. Principal office address City State 85 East India Row, No. 16F Boston MA 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME ORTITLE OF CONTACT PERSO Contact Name Contact Name Contact Name Contact Name 85 East India Row, No. 16F Boston MA 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS CITY BOX FOR ATTACHMENT ANY MODIFICATIONS TO MANAGERS REQUIRES FLING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) 1 7-11 Munager Name Manager Name Manager Name Street Address Street Address	Zip 02110-3397		
3. State of Formation RHODE ISLAND 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING 5. Principal office address 85 East India Row, No. 16F Boston MA 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSO Contact Name c/o Margaret B. Wood City State 85 East India Row, No. 16F Boston MA 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE: FILL IN SPACES BEFORD USING ATTACHMENTS ("X" BOX FOR ATTACHMENT] ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) 1 7-10 Munager Name NONE Street Address Street Address Street Address	02110-3397 N: Zip 02110-3397		
RHODE ISLAND REAL ESTATE HOLDING State State State Boston MA 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSO Contact Name c/o Margaret B. Wood Street Address Street Address Street Address AND 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) 1 7-10 Manager Name NONE Street Address Street Address Street Address	02110-3397 N: Zip 02110-3397		
5. Principal office address 85 East India Row, No. 16F 80 Boston MA 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name C/O Margaret B. Wood Street Address 85 East India Row, No. 16F 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 Manager Name NONE Street Address Street Address	02110-3397 N: Zip 02110-3397		
85 East India Row, No. 16F 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name c/o Margaret B. Wood Street Address 85 East India Row, No. 16F 85 East India Row, No. 16F 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) / 7-10 Manager Name NONE Street Address Street Address	02110-3397 N: Zip 02110-3397		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name c/o Margaret B. Wood City 85 East India Row, No. 16F 85 Boston MA 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORD USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-10 Munager Name NONE Street Address Street Address	Zip 02110-3397		
Contact Name C/O Margaret B. Wood Street Address 85 East India Row, No. 16F Boston MA 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-10 Munager Name Manager Name Street Address Street Address	Zip 02110-3397		
C/O Margaret B. Wood Street Address City State 85 East India Row, No. 16F Boston MA 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORD USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-10 Munager Name Manager Name Street Address Street Address	02110-3397		
85 East India Row, No. 16F 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) / 7-10 Munager Name Manager Name Street Address Street Address	02110-3397		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILL IN SPACES BEFORD USING ATTACHMENTS: ("X" BOX FOR ATTACHMENT ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-10 Manager Name Manager Name Street Address Street Address	AND THE PROPERTY OF THE PROPER		
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ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.).G.L. 7-16-12 (a) (2) / 7-10 Munager Name Manager Nanic NONE Street Address	6-52		
Munager Name NONE Street Address Street Address	6-52		
NONE Street Address Street Address			
Street Address Street Address			
•			
City State Zip City State	Zip		
Manager Name *Manager Name			
• •			
Street Address • 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	1		
1 1 1 1 1 1 1 1 1 1			
DAVID T. RIEDEL Tillinghast Licht Perkins S	Smith & Cohen, LL		
Address City Zip			
10 WEYBOSSET STREET PROVIDENCE 029	₉₀₃ -2818		

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



	FILED	
File Date	SEP 2 0 2002	
Check No.	£1309	
В <u>у:</u>	4	
FOR SECRETA	ARY 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.

Mergaret B.	word
Signature of Authorized Person	Dai

Print or Type Name of Authorized Person

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 87472	Annual Report for the year 2001
1.	The name of the limited liability company	y is:
	ONADUNE, L.L.C.	
2.	The address of the principal office of the	e limited liability company is:
	85 East India Row, No. 16F,	Boston, MA 02110-3397
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 ag	gent is: DAVID T. RIEDEL
	10 WEYBOSSET STREET PROVIDEN	CE RI 02903
5.	The current mailing address of the limite	ed liability company and the name or title of a person to whom communications
	may be directed are:c/o_Margaret	B. Wood, 85 East India Row, No. 16F, Boston, MA 02110-3397
6.	A brief statement of the character of the state:to hold real estate	he business in which the limited liability company is actually engaged in this
7.	If the limited liability company has mana Name	gers, the name and address of each manager of the limited liability company Address
	None	
Da	sted <u>Sept 7</u> , 2001	Under penalty of perjury, I declare and affirm that I have examined this
	8 /	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
	8 7 4 7 2	ONADUNE, LLC Exact Name of Limited Liability Company
	FOR SECRETARY OF STATE USE ONLY	3 4.
File	Date: FILED	By Margaret B. Wood
Che	SEP 12 2001	Member Title
Ву:	Bv 12,1257	Form No. 632 Revised 01/99

DETACH BOYTOM BEFORE REYURNING

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

D Number	DLLC	87472
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By:

Annual Report for the year 2000

1.	The name of the limited liability comp	any is:
	ONADUNE, L.L.C.	
2.	The address of the principal office of	the limited liability company is:
	85 East India Row, No. 16F	, Boston, MA 02110-3397
3.	The state or other jurisdiction under the	he laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident	agent is: DAVID T. RIEDEL
	10 WEYBOSSET STREET PROVID	ENCE RI 02903
5.	The current mailing address of the lin	nited liability company and the name or title of a person to whom communications
	may be directed are: Margaret	B. Wood
		, Boston, MA 02110-3397
6.	A brief statement of the character o	f the business in which the limited liability company is actually engaged in this
	state: to hold real estate.	
7.	If the limited liability company has ma	nagers, the name and address of each manager of the limited liability company Address
	None	
	Margaret B Wood	2
Da	ted 11 /14 /00	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
		Onadune, LLC
	U 1 4 1 2	Exact Name of Limited Liability Company
File	FOR SECRETARY OF STATE USE ONLY Date: 11/6/2600	By Magaret B. Wood
	ck No.: 1213	Margaret B. Wood Member
СПС	~= 110.1 · -1 /	Title Form No. 632

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 <u>LL 87472</u>	Annual Report for the year 1999	
1.	The name of the limited liability company ONADUNE, L.L.C.	is:	
2.	The address of the principal office of the	limited liability company is: SF, Boston, MA 02110-3397	
3.	· · · · · · · · · · · · · · · · · · ·	aws of which it is formed is RHODE ISLAND	
4.	The name and address of its resident age TILLINGHAST LICHT AND SEMONOFF	ONE PARK ROW PROVIDENCE, RI 02903	
5.	The current mailing address of the limited may be directed are: <u>Margaret B</u> 85 East India Row No. 16		
6.	6. A brief statement of the character of the business in which the limited liability company is actually engaged in the state:to_hold_real_estate.		
7.		ers, the name and address of each manager of the limited liability company Address	
	None		
Da	+ 8 7 4 7 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. Onadune, LLC Exact Name of Limited Liability Company	
	POR SECRETARY OF STATEJUSE ONLY Date: CO 1116 eck No.:	By / Y W GON 21 /5. WOULK Margaret B. Wood Member	
By:		Title Form No. 632 Revised 01/99	

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

	LIMI	TED LIABILITY COMPANY
ID	Number 87472	Annual Report for the year1998
1.	The name of the limited liability company i	is:
	CIAINO	NE, I.I.C.
2.	The address of the principal office of the li	mited liability company is:
	85 East India Row, 1	Boston, MA 02110
3.	The state or other jurisdiction under the law	ws of which it is formed is: Rhode Island
4.	The name and address of its resident ager	Tillinghast Licht & Semonoff Ltd. One Park Row, Providence, RI 02903
5.	communications may be directed are:M	nited liability company and the name or title of a person to whom
	state: to hold real estate.	business in which the limited liability company is actually engaged in this
7.	If the limited liability company has many company Name	agers, the name and address of each manager of the limited liability Address
	<u>None</u>	· <u></u>
Da	FILED	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.
	DEC 0 1 1998 By 75 33997	Exact Name of Limited Liability Company By Muh (and)
		Member Tille

To be filed annually between September 1 and November 1

State of Rhode Island and Providence Plantations Office of the Secretary of State Corporation Division 100 North Main Street Providence, RI 02903-1335

LIMITED LIABILITY COMPANY

11 C I D # 87472

Annual Report for the year 1997

LLO 1.B.# 0	Annual Repo	it lot the year	エプン
FIRST:	The name of the limited liability company is: ONADUNE, L.L.C.		
SECOND:	: The address of the principal office of the limited liability company is:		
	85 East India Row, Boston, Massachusetts 02110	· • • • • • • • • • • • • • • • • • • •	•••••
THIRD:	: The state or other jurisdiction under the laws of which it is formed is: Rhode Island		
FOURTH:	: The name and address of its resident agent is:		
	David T. Riedel, Esq., Tillinghast Licht & Semonoff	•••••	
	One Park Row, Providence, Rhode Island 02903	•••••	********
FIFTH:	1: The current mailing address of the limited liability company and the name or title of communications may be directed are: Margaret B. Wood		
	85 East India Row, Boston, Massachusetts 02110		
SIXTH:	H: A brief statement of the character of the business in which the corporation is actually engage		
SEVENTH:	To hold real estate. : If the limited liability company has managers, the name and address manager of the limited liability company. None	ss of each	
Dated			
	Exact Name of Limited Liability Compa	ny	
File Date:	·By Margaret B. Loud		
Check No:	*By 'V Co (4014). White Companies are signed in the manner required by the		· · · · · · · · · · · · · · · · · · ·
Ву:			
For Secr	cretary of State Use Only Title Member	•••••	······

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By ____217439

To be filed annually between September 1 and November 1

State of Rhode Island and Providence Plantations Office of the Secretary of State Corporation Division 100 North Main Street Providence, RI 02903-1335

LIMITED LIABILITY COMPANY

LLC I.D.# 8	7472 Annual Report for the year 1996
FIRST:	The name of the limited liability company is: ONADUNE, L.L.C.
SECOND:	The address of the principal office of the limited liability company is:
	85 East India Row, Boston, Massachusetts 02110
THIRD:	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: David T. Riedel, Esq., Tillinghast Licht & Semonoff
	One Park Row, Providence, Rhode Island 02903
FIFTH:	The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:
	Margaret B. Wood
	85 East India Row, Boston, Massachusetts 02110
SIXTH:	A brief statement of the character of the business in which the corporation is actually engaged in this state:
SEVENTH:	To hold real estate.
Dated	19 98 ONADUNE, L.L.C.
	Exact Name of Limited Liability Company
Check No:	*By Wurgan at B wood *To be signed in the manner required by the home state.
By:	Title Member
For Secr	FILED

FORM LLC-19 7/95