



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 119072		2. Exact name of the limited liability company ANCHOR SELF STORAGE OF NARRAGANSETT, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SELF STORAGE FACILITY	
5. Principal office address P.O. BOX 599, 22 STEEPLE ST., STE 202		City MASHPEE	State MA
		Zip 02649	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DONALD H. PRIESTLY		Contact Title MANAGER	
Street Address 22 STEEPLE ST., SUITE 202, POB 599		City MASHPEE	State MA
		Zip 02649	
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 DONALD H. PRIESTLY		Manager Name	
Street Address 24 EAST WAY		Street Address	
City MASHPEE	State MA	City	State
Zip 02649		Zip	
Manager Name JAMES=A. SORENSEN		Manager Name	
Street Address F-4 HEMLOCK ROAD		Street Address	
City BOURNE	State MA	City	State
Zip 02532		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 SANDRA J. GREEN		Address	
Address 11 SEXTANT LANE		City NARRAGANSETT	Zip 02882

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



File Date	10/31/05
Check No.	2585
By:	1UP
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
10/21/05
Date
DONALD H. PRIESTLY
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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 119072		2. Exact name of the limited liability company ANCHOR SELF STORAGE OF NARRAGANSETT, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SELF STORAGE FACILITY	
5. Principal office address P.O. BOX 599		City MASHPEE	State MA
		Zip 02649	
Contact Name DONALD H. PRIESTLY		Contact Title MANAGER	
Street Address 22 STEEPLE ST., SUITE 202, P.O.B. 599		City MASHPEE	State MA
		Zip 02649	
Manager Name DONALD H. PRIESTLY		Street Address 24 EAST WAY	
City MASHPEE	State MA	Zip 02649	
Manager Name JAMES A. SORENSEN		Street Address F-4 HEMLOCK ROAD	
City BOURNE	State MA	Zip 02532	
Agent Name SANDRA J. GREENE		Address 11 SEXTANT LANE	
		City NARRAGANSETT	Zip 02882

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

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 06/20/05
Date

DONALD H. PRIESTLY

Print or Type Name of Authorized Person

FILED

File Date
JUL 08 2005

Check No
By 71583

By
FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND AND PROVIDENCE
Office of the Secretary of State
Matthew A. Brown, Secretary of State

100 North Main Street
Providence, RI 02903-1385
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)

1. ID No. 119072		2. Exact name of the limited liability company ANCHOR SELF STORAGE OF NARRAGANSETT, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island SELF STORAGE FACILITY	
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		Zip 02649	
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Street Address 13 STEEPLE ST., SUITE 202, P.O.B 599		City MASHPEE	State MA
		Zip 02649	
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 DONALD H. PRIESTLY		Manager Name	
Street Address 24 EAST WAY		Street Address	
City MASHPEE	State MA	City	State
Zip 02649		Zip	
Manager Name JAMES A. SORENSEN		Manager Name	
Street Address 60 REDWOOD ROAD		Street Address	
City SAG HARBOR	State NY	City	State
Zip 11963		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 CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903

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



* 1 1 9 0 7 2 *

File Date 9-16-03
Check No. 1405
By DP

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 09/05/03

DONALD H. PRIESTLY


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. 119072		2. Exact name of the limited liability company ANCHOR SELF STORAGE OF NARRAGANSETT, LLC			
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Manager Name DONALD H. PRIESTLY		Manager Name			
Street Address 24 EAST WAY		Street Address			
City MASHPEE	State MA	Zip 02649	City State Zip		
Manager Name JAMES A. SORENSEN		Manager Name			
Street Address 60 REDWOOD ROAD		Street Address			
City SAG HARBOR	State NY	Zip 11963	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 CT CORPORATION SYSTEM		Address			
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-		

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

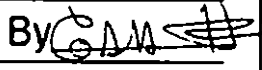


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FILED

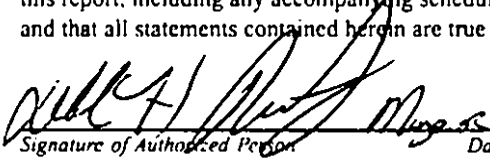
File Date
SEP 25 2002

Check No.

By
BY  10

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.


09/18/02

DONALD H. PRIESTLY

Print or type Name of Authorized Person

Form 632 Rev. 6/02