

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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

1 //D.No 119072	2. Exact ANCHO	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 hustness who SELF STORAGE FACILITY			s which is actually conducted in Rho	bleb is actually conducted in Rhyde Island			
5. Principal office address				City	State	Zip	
P.O. BOX 599, 22 STEEPLE ST., STE 202 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME				02 MASHPEE	MA r person:	02649	
Contact Name				Contact Title			
DONA	LD H.	PRIESTLY		MANAGER			
Street Address				City	State	Zip	
			202, POB 59	9 MASHPEE IABILITY COMPANY, IF APP	_{MA}	02649	
I Manager Name	ANY MODII	FILL IN SPACE FICATIONS TO M.	S BEFORE USING AT	TACHMENTS ("X" BOX F FILING OF AMENDMENT, I Manager Name	OR ATTACHMENT) [_	
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		IESTLY		Sinvi Address			
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Street Address 24 EAS City MASHPEE Manager Name JAMES = A Street Address F-4 HE City BOURNE BOURNE BOURNE	T WAY SORE	State MA NSEN ROAD State MA	02649 02532	City Manager Name Street Address City ges require filing of Form	State	Zip	

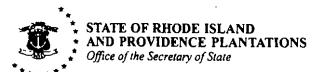
This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

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Ву:	IM	ļ
1	FOR SECRETARY OF STATE USE ONLY	ı

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.

DONALD H. PRIESTLY

Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, R1 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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119072		NCHOR SELF STORAGE OF NARRAGANSETT, LLC					
3. State of Formation				ness which is actually conducted	_		_
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5. Principal office addre.		·		City	State	Zip	_
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Contact Name DONALD H.	PRI	ESTLY	-	Contact Title MANAGER	<u> </u>	·	20
Street Address 22 STEEPLE	ST.	, SUITE	202,P.O.B. 599	City MASHPEE	State MA	Zip 02649	_
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Manager Name				• Manager Name			
DONALD H.	PRI	ESTLY		•			
Street Address 24 EAST W				Street Address			_
Cuy MASHPEE		State MA	^{Z_ip} 02649	*City	State	Zip	_
Manager Name				Manager Name			•
JAMES A.	SORE	NSEN		• Hanager Hame			
Street Address F-4 HEMLO	CK R	OAD		· Street Address			_
City		State	Zip	City	State	Zip,	-
BOURNE		MA	02532	•			
82RESIDENT ASEX		ODEISEAND	Loo Notaliter Chair	des reconstruit e com	THE ZETTINGE) }
Agent Name SANDRA J. GREENE			Address		21 - 1		
Address				City	Zip		
11 SEXTANT LANE			NARRAGANSETT	} '	02882		

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

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FOR SECRETA	BY OF STATE LISE 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

Print or Type Name of Authorized Person

06/20/05



STATE OF RHODE ISLAND AND PROVIDE. Office of the Secretary of State

Matthew A. Brown, Secretary of State

190 North Main Street Providence, RI 02963-1335 401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2003

Filing Period: Septem (FORM MUST BE TYPED (Filing Fee: \$50,00			
	2 Exact name of the limited !	t name of the functed habitaty company CHOR SELF STORAGE OF NARRAGANSETT, LLC			
State of Formation	y and the state of				
RHODE ISLAND	SELF STORAGE	FACILITY			
5 Principal office address			City	State	Ζφ
P.O. BOX 599 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME			MASHPEE OR TITLE OF CONTACT	MA PERSON:	02649
DONALD H.	PRIESTLY		Comact Talle MANAGER		
Street 3ddress			Cny	State	$Z\psi$
13 STEEPLE	ST., SUITE	202, P.O.B 599	MASHPEE	MA	02649
Manager Name	MODIFICATIONS TO : PRIESTLY	MANAGERS REQUIRES F	ILING OF AMENDMENT, I	R.I.G.L. 7-16-12 (a)) (2) / 7-16-52
Street Address 24 EAST W			Street Address		
MASHPEE	State MA	^{z:p} 02649	Cuş	State	Ζφ
Manager Name JAMES A.	SORENSEN		Manuger Name		
Street Address 60_REDWOO	DD ROAD		Street Address		
SAG HARBO		2φ 11963	Cus	State	Zφ
Agent Name		OO NOT ALTER - Change	Address	642 - R.I.G.L. 7-16	5-11
CT CORPORATION SYS	OI CM	 -	Gir		
10 WEYBOSSET STREE	<u>-</u>		PROVIDENCE		02903-

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

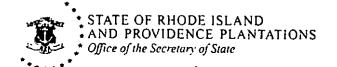
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

gnature of Authorized Person Date

DONALD H. PRIESTLY

Prost or Type Name of Authorized Person



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

00 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR <u>2002</u>

CONTINUED DIVIDITITIES CON	HANT ANNUAL REPORT	FUR THE TEAR _ZUUZ
Filing Period: September 1 - November 1 🔎	Filing Fee: \$50.00	

(FORM MUST BE TYPE	ED OR PRINTED IN BLA						
1. ID No.	2. Exact name of the limited liabilty company						
119072	ANCHOR SELF STORAGE OF NARRAGANSETT, LLC						
3. State of Formation	4. Brief descripti	on of the character of the busit	ess which is actually conducted in	n Rhode Island			
RHODE ISLAND	SELF	STORAGE FACILI	TY				
5. Principal office addre			City	State	Zip		
P.O. BOX 599			MASHPEE	MA	02649		
6. MAILING ADDI	RESS OF LIMITED I	LIABILITY COMPANY	AND NAME OR TITLE C	F CONTACT PER	SON:		
DONALD H	PRIESTLY		MANAGER				
Street Address		02, PO BOX 599	City	State MA	7 <i>ip</i> 02649		
7. NAME AND ADD	FOLL IN SPA	CES BEFORE USING AT	ED LIABILITY COMPAN FACHMENTS ("X" BOX F FILING OF AMENDMENT. R.	OR ATTACHMENT			
Manager Name			·Manager Name	(0) (2)			
H CIANOC	. PRIESTLY		•	•			
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24 EAST	YAY		•				
Ciny MASHPEE	State MA	^{Zip} 02649	City	State	Zip		
Manager Name	• • • • • • • • • • •		*Manager Name	Manager Name			
JAMES A.	SORENSEN		•				
Street Address		·	·Street Address	· Street Address			
60 REDWOOD			·	<u> </u>			
Ciry	State	Zip	.City	State	Zip		
SAG HARBOR	NY	11963					
	T IN RHODE ISLAND	-DO NOT ALTER- Chang	es require filing of Fo	rm 642 - R.I.G.L. 7-1	6-11		
Agent Name			Address				
CT CORPORATION S	YSTEM						
Address			City	Zij	2		
10 WEYBOSSET STREET			PROVIDENCE		02903-		
	-	 .	<u> </u>				

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FOR SECRETARY	OF STATE LISE 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 begin are true and correct.

Signature of Authorized Person Daie 09/18/02

Print or Type Name of Authorized Person