



**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. <b>81873</b>		2. Exact name of the limited liability company <b>AAD, 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>REAL ESTATE HOLDING COMPANY</b>	
5. Principal office address <b>1056 Hope Street</b>		City <b>Providence</b>	State <b>RI</b>
			Zip <b>02906</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Dr. John Zwetchkenbaum</b>		Contact Title <b>Member</b>	
Street Address <b>1056 Hope Street</b>		City <b>Providence</b>	State <b>RI</b>
			Zip <b>02906</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>Dr. John Zwetchkenbaum</b>		Manager Name	
Street Address <b>1056 Hope Street</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
	Zip <b>02906</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>PATRICK T. CAINE, ESQ.</b>		Address <b>MILLER &amp; CAINE, LLP</b>	
Address <b>40 WESTMINSTER STREET, SUITE 305</b>		City <b>PROVIDENCE</b>	Zip <b>02903-</b>

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



File Date 11/07/05 \*81873\*

Check No. 3038

By: Kme

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] 10/30/05  
Signature of Authorized Person Date

John Zwetchkenbaum  
Print or Type Name of Authorized Person



**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 81873		2. Exact name of the limited liability company AAD, LLC			
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 COMPANY			
5. Principal office address 1056 Hope Street		City Providence	State RI	Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Dr. John Zwetchkenbaum			Contact Title Member		
Street Address 1056 Hope Street		City Providence	State RI	Zip 02906	
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 Dr. John Zwetchkenbaum			Manager Name		
Street Address 1056 Hope Street		Street Address			
City Providence	State RI	Zip 02906	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 PATRICK T. CAINE, ESQ.			Address MILLER & CAINE, LLP		
Address 40 WESTMINSTER STREET, SUITE 305		City PROVIDENCE	Zip 02903-		

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



File Date 11/9/04  
Check No. 2823  
By: W.S.  
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]  
Signature of Authorized Person  
Date 11/8/04  
John Zwetchkenbaum  
Print or Type Name of Authorized Person



**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. <b>81873</b>		2. Exact name of the limited liability company <b>AAD, 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>REAL ESTATE HOLDING COMPANY</b>	
5. Principal office address <b>1056 Hope Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02906</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Dr. John Zwetchkenbaum</b>		Contact Title	
Street Address <b>1056 Hope Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02906</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>Dr. John Zwetchkenbaum</b>		Manager Name	
Street Address <b>1056 Hope Street</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	
Manager Name		Manager Name	
Street Address		Street Address	
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>PATRICK T. CAINE, ESQ.</b>		Address <b>MILLER &amp; CAINE, LLP</b>	
Address <b>40 WESTMINSTER STREET, SUITE 305</b>		City <b>PROVIDENCE</b>	Zip <b>02903-</b>

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



\* 8 1 8 7 3 \*

File Date 10.29.03  
Check No 2594  
By 2  
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.

John Zwetchkenbaum 10/29/03  
Signature of Authorized Person Date  
John Zwetchkenbaum  
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 2002**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *81873*		2. Exact name of the limited liability company AAD, LLC			
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 COMPANY			
5. Principal office address 1056 HOPE STREET		City PROVIDENCE	State RI	Zip 02906-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DR. JOHN ZWETCHKENBAUM			Contact Title .		
Street Address 1056 HOPE STREET		City PROVIDENCE	State RI	Zip 02906-	
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 Dr. John Zwetchkenbaum		*Manager Name .			
Street Address 1056 Hope Street		*Street Address .			
City Providence	State RI	Zip 02906	*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 PATRICK T. CAINE, ESQ.		Address 40 WESTMINSTER STREET, SUITE 305			
Address MILLER & CAINE, LLP		City PROVIDENCE	Zip 02903-		

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.

*John Zwetchkenbaum*  
Signature of Authorized Person  
7/9/03  
Date  
John Zwetchkenbaum, Managing Member  
Print or Type Name of Authorized Person

\*81873 DLLC7/2/034:31:36 PM\*  
File Date 7.14.03  
Check No. 1004  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

Filing Fee: \$50.00

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 DLIC 81873

Annual Report for the year 2001

- The name of the limited liability company is:  
AAD, LLC
- The address of the principal office of the limited liability company is:  
163 Waterman Street, Providence, Rhode Island 02906
- 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: PATRICK T. CAINE, ESQ.  
MILLER & CAINE, LLP 40 WESTMINSTER STREET, SUITE 305 PROVIDENCE RI 02903-
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Dr. John Zwetchkenbaum, 163 Waterman Street,  
Providence, Rhode Island 02906
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate Holding Company
- If the limited liability company has managers, the name and address of each manager of the limited liability company  
Name Address  
Dr. John Zwetchkenbaum 163 Waterman Street, Providence, RT 02906  
\_\_\_\_\_  
\_\_\_\_\_

Dated October 26, 2001

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.



AAD, LLC  
Exact Name of Limited Liability Company

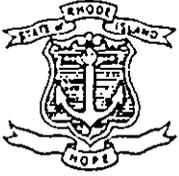
By [Signature]  
John Zwetchkenbaum, Managing Member  
Title

FOR SECRETARY OF STATE USE ONLY  
File Date: 11/6/2001  
Check No.: 1232  
By: [Signature]

Form No. 632  
Revised 01/99

Filing Fee: \$50.00

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

LIMITED LIABILITY COMPANY

RECEIVED  
CORPORATIONS DIVISION  
MAY 24 11 27 AM '01

ID Number 81873

Annual Report for the year 2000

1. The name of the limited liability company is:

AAD, LLC

2. The address of the principal office of the limited liability company is:

163 Waterman Street, Providence, RI 02906

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 agent is: Stephen A. Gordon, 120 Wayland Avenue

Providence, RI 02906

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Dr. John Zwetchkenbaum, 163 Waterman Street

Providence, RI 02906

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: real estate holding company

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Dr. John Zwetchkenbaum</u>	<u>163 Waterman Street, Providence, RI 02906</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Dated November 12, 19 99

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.

**FILED**

MAY 24 2001

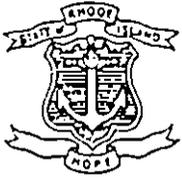
By JAB#9  
263884

AAD, LLC  
Exact Name of Limited Liability Company

By [Signature]  
managing member  
Title

Filing Fee: \$50.00

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

LIMITED LIABILITY COMPANY

ID Number 81873

Annual Report for the year 1999

RECEIVED  
CORPORATIONS DIVISION  
STATE OF RHODE ISLAND  
MAY 24 11 51 AM '01

1. The name of the limited liability company is:

AAD, LLC

2. The address of the principal office of the limited liability company is:

163 Waterman Street, Providence, RI 02906

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 agent is: Stepher A. Gordon, 120 Wayland Avenue

Providence, RI 02906

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Dr. John Zwetchkenbaum, 163 Waterman Street

Providence, RI 02906

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: real estate holding company

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dr. John Zwetchkenbaum

163 Waterman Street, Providence, RI 02906

Dated November 12, 19 99

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.

AAD, LLC

Exact Name of Limited Liability Company

By \_\_\_\_\_

Managing member

Title

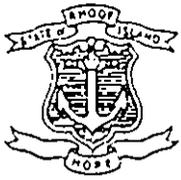
**FILED**

**MAY 24 2001**

By [Signature] # 263884

Filing Fee: \$50.00

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

LIMITED LIABILITY COMPANY

ID Number 81873

Annual Report for the year 1998

MAY 24 11 11 AM  
CORPORATIONS DIVISION  
STATE OF RHODE ISLAND

1. The name of the limited liability company is:

AAD, LLC

2. The address of the principal office of the limited liability company is:

163 Waterman Street, Providence, RI 02906

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 agent is: Stephen A. Gordon, 120 Wayland Avenue

Providence, RI 02906

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Dr. John Zwetchkenbaum, 163 Waterman Street

Providence, RI 02906

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: real estate holding company

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Dr. John Zwetchkenbaum</u>	<u>163 Waterman Street, Providence, RI 02906</u>

Dated November 12, 19 99

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.

AAD, LLC

Exact Name of Limited Liability Company

By [Signature]

managing member

Title

**FILED**  
**MAY 24 2001**  
By [Signature]  
265886

Filing Fee: \$50.00

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

LIMITED LIABILITY COMPANY

ID Number 81873

Annual Report for the year 1997

RECORDED  
STATE  
MAY 24 10 24 AM '01

1. The name of the limited liability company is:

AAD, LLC

2. The address of the principal office of the limited liability company is:

163 Waterman Street, Providence, RI 02906

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 agent is: Stephen A. Gordon, 120 Wayland Avenue

Providence, RI 02906

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Dr. John Zwetchkenbaum, 163 Waterman Street

Providence, RI 02906

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: real estate holding company

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dr. John Zwetchkenbaum

163 Waterman Street, Providence, RI 02906

Dated November 12, 19 99

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.

**FILED**

MAY 24 2001

By [Signature]  
263886

AAD, LLC

Exact Name of Limited Liability Company

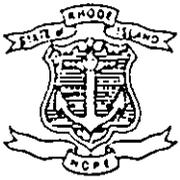
By [Signature]

managing member

Title

Filing Fee: \$50.00

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

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
MAY 24 11 14 AM '01

LIMITED LIABILITY COMPANY

ID Number 81873

Annual Report for the year 1996

1. The name of the limited liability company is:

AAD, LLC

2. The address of the principal office of the limited liability company is:

163 Waterman Street, Providence, RI 02906

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 agent is: Stephen A. Gordon, 120 Wayland Avenue

Providence, RI 02906

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Dr. John Zwetchkenbaum, 163 Waterman Street

Providence, RI 02906

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: real estate holding company

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dr. John Zwetchkenbaum

163 Waterman Street, Providence, RI 02906

Dated November 12, 19 99

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.

AAD, LLC

Exact Name of Limited Liability Company

By

managing member:

Title

**FILED**

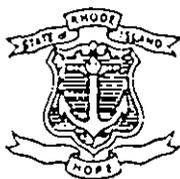
**MAY 24 2001**

By

[Signature]  
26386

Filing Fee: \$50.00

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

LIMITED LIABILITY COMPANY

ID Number 81873

Annual Report for the year 1999

RECEIVED  
STATE  
MAY 24 11 24 '01

1. The name of the limited liability company is:

AAD, LLC

2. The address of the principal office of the limited liability company is:

163 Waterman Street, Providence, RI 02906

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 agent is: Stephen A. Gordon, 120 Wayland Avenue

Providence, RI 02906

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Dr. John Zwetchkenbaum, 163 Waterman Street

Providence, RI 02906

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: real estate holding company

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

*Name*

*Address*

Dr. John Zwetchkenbaum

163 Waterman Street, Providence, RI 02906

Dated November 12, 19 99

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.

AAD, LLC

*Exact Name of Limited Liability Company*

By \_\_\_\_\_

managing member

*Title*

**FILED**  
**MAY 24 2001**  
By [Signature] #9  
26386