



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. 115074		2. Exact name of the limited liability company Auntie's on Annandale, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Investment - Real Estate	
5. Principal office address 35 Annandale Road		City Newport	State RI
		Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Patricia Carney		Contact Title Member	
Street Address 47 Long Wharf Mall		City Newport	State RI
		Zip 02840	
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 PATRICIA E. CARNEY		Manager Name HELEN E. HARRISON	
Street Address BX 11430		Street Address 216 CENTRAL ST	
City STENHEAT 066	State CT	City ACTON	State MA
Zip 80477		Zip 01720	
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 William R. Harvey		Address	
Address 47 Long Wharf Mall		City Newport	Zip 02840

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



1 1 5 0 7 4

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.

Patricia Carney 12/7/05
Signature of Authorized Person Date

Patricia Carney
Print or Type Name of Authorized Person

File Date	11/19/05
Check No.	1976
By:	<i>PC</i>
FOR SECRETARY OF STATE USE ONLY	



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. 115074		2. Exact name of the limited liability company Auntie's on Annandale, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Investment - Real Estate			
5. Principal office address 35 Annandale Road		City Newport	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Patricia Carney			Contact Title Member		
Street Address 47 Long Wharf Mall		City Newport	State RI	Zip 02840	
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		Manager Name			
Street Address		Street Address			
City	State	Zip	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 William R. Harvey		Address			
Address 47 Long Wharf Mall		City Newport	Zip 02840		

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



File Date 12/10/04
Check No. 7764
By: W.
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 10/26/04
Patricia Carney
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 115074		2. Exact name of the limited liability company Auntie's on Annandale, LLC			
3. State of formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT- REAL ESTATE			
5. Principal office address 35 Annandale Road			City Newport	State RI	Zip 02840
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Patricia Carney			Contact Title Member		
Street Address c/o 47 Long Wharf Mall			City Newport	State RI	Zip 02840
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			Manager Name		
Street Address			Street Address		
City	State	Zip	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 WILLIAM R. HARVEY			Address		
Address 47 LONG WHARF MALL			City NEWPORT	Zip 02840-	

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



* 1 1 5 0 7 4 *

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.

Patricia E. Carney / 12/2/03
Signature of Authorized Person Date

PATRICIA E. CARNEY
Print or Type Name of Authorized Person

File Date 12/8/03
Check No 7349
By [Signature]
FOR SECRETARY OF STATE USE ONLY

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. 115074		2. Exact name of the limited liability company Auntie's on Annandale, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT- REAL ESTATE	
5. Principal office address P.O. Box 771430		City STEAMBOAT SPDS	State CO
			Zip 80477
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name PATRICIA E. CARNEY		Contact Title OWNER	
Street Address Box 771430		City STEAMBOAT SPDS	State CO
			Zip 80477
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 PATRICIA E. CARNEY		Manager Name HELEN E. HARRISON	
Street Address Box 771430		Street Address 216 CENTRAL ST	
City STEAMBOAT SPDS	State CO	City ACTON	State MA
	Zip 80477		Zip 01720
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 WILLIAM R. HARVEY		Address	
Address 47 LONG WHARF MALL		City NEWPORT	Zip 02840

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



* 1 1 5 0 7 4 *

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: [Signature] Date: 10/20/02
Print or Type Name of Authorized Person: PATRICIA E. CARNEY

File Date: 11.22.02
Check No.: 7068
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 DLLC 115074

Annual Report for the year 2001

1. The name of the limited liability company is:

Auntie's on Annandale, LLC

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

35 Annandale Road, Newport, RI 02840

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: WILLIAM R. HARVEY

47 LONG WHARF MALL NEWPORT RI 02840-

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: c/o William R. Harvey, 47 Long Wharf Mall, Newport, RI 02840

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Investment - Real Estate

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

Name

Address

Dated August, 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.

Auntie's on Annandale, LLC

Exact Name of Limited Liability Company

By [Signature]

Member

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-19-01</u>
Check No.:	<u>4383</u>
By:	<u>[Signature]</u>

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

detach and mail the

payment in amount of \$50.00 made