

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Gorporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

2005

1. ID No. 2.		ED IN BLACK) mame of the limited liability company A C					
3. State of Formation RHODE ISLAND 4. Brief description of the character of the business DEVELOPMENT AND RENTAL OF REA			·				
5. Principal office address	_		City	State	Zip		
2440 Mendon Road 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA			Cumberland	RI PERSON:	02864		
Contact Name			Contact Title				
Raymond J. La	mbert		Manager				
Street Address			City	State	Zip		
2440 Mendon R	oad		Cumberland	RI	02864		
7. NAME AND ADDRES			LIABILITY COMPANY, IF APPL ATTACHMENTS - ("X" BOX FO	ICABLE R ATTACHMENT) 🗌	·		
	FII.L IN SI IODIFICATIONS T	PACES BEFORE USING A		R ATTACHMENT) 🛚			
ANY N	FILL IN SI IODIFICATIONS T	PACES BEFORE USING A	ATTACHMENTS ("X" BOX FO. S FILING OF AMENDMENT, R.	R ATTACHMENT) 🛚			
ANY Manager Name Raymond J. Lau Street Address	FILL IN SI IODIFICATIONS T	PACES BEFORE USING A	ATTACHMENTS ("X" BOX FO. IS FILING OF AMENDMENT, R. Manager Name	R ATTACHMENT) 🛚			
Manager Name Raymond J. Lam Sireet Address 10 Jencks Road Gity	FII.L IN SI MODIFICATIONS T bert State	PACES BEFORE USING A O MANAGERS REQUIRE	Street Address	R AYTACHMENT) [I.G.L. 7-16-12 (a) (2	2) / 7-16-52		
Manager Name Raymond J. Lam Street Address 10 Jencks Road City Cumberland	FII.L IN SI MODIFICATIONS T bert State	PACES BEFORE USING A O MANAGERS REQUIRE	ATTACHMENTS ("X" BOX FO. S FILING OF AMENDMENT, R. Manager Name Street Address City	R AYTACHMENT) [I.G.L. 7-16-12 (a) (2	2) / 7-16-52		
Manager Name Raymond J. Lam Street Address 10 Jencks Road City Cumberland Manager Name	FII.L IN SI MODIFICATIONS T bert State	PACES BEFORE USING A O MANAGERS REQUIRE	ATTACHMENTS ("X" BOX FO. S FILING OF AMENDMENT, R. Manager Name Street Address City Manager Name	R AYTACHMENT) [I.G.L. 7-16-12 (a) (2	2) / 7-16-52		

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

800 FRONT STREET

City

INCOLN

File Date	10/14/05-111975	
Check No.	1445	
Ву:	On	
	FOR SECRETARY OF STATE USE ONLY	

GEORGE M. PRESCOTT, ESQ.

Address

P.O. BOX A

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.

Zip

02865-

Signature of Authorized ferson Date

Raymond J. Lambert, Manager

Print or Type Name of Authorized Person



Corporations Division 100 North Main Street Proxidence, RI 02903-1,335

401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2004

•	mber 1 - November 1 OR PRINTED IN BLACK)	• Filing Fee: \$50.00)					
1 IID No. 111975		rame of the limited leability company						
3 State of Formation 1 Brief description of the Couractor of the histories RHODE ISLAND DEVELOPMENT AND RENTAL OF REA								
5 Principal office address 2440 Mendon Road			Cumberland					
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA Contact Name Raymond J. Lambert			AME OR TITLE OF CONTACT Gonzast Tule Manager	PERSON:				
Street Address 2440 Mendon	Road		cin Cumberland	State RI	^{Zip} 02864			
	FILL IN S	PACES BEFORE USING A	LIABILITY COMPANY, IF APPI LITACHMENTS ("X" BOX FO S FILING OF AMENDMENT, R. Manager Name	R ATTACHMENT) [
Raymond J. Lambert Street Address			Street Address					
10 Jencks Ro	oad							
Cumberland	State RI	Ζφ 02864	City	State	Zψ			
Manager Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••••••••••	Manager Name					
Sireet Address			Street Address	<u>-</u> ,				
City	State	Zip	City	State Zip				
8. RESIDENT AGEN Agent Name	I IT IN RHODE ISLAND	- DO NOT ALTER - Cha	inges require filing of Form (Address	642 - R.I.G.L. 7-16	11			
GEORGE M. PRESC	OTT, ESQ.		300 FRONT STREET					
Address P.O. BOX A			Сир LINCOLN					
			Cuy Zup					

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

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_	*	1	1	1	9	7	5	*

File Date 9/29/04
Check No 815
By:
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.

Raymond J. Lamhert, Manager Print or Type Name of Authorized Person



Corporations Division 100 North Main Street Providence, RI 02993-1335

401 222 3040

2003 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR $oldsymbol{\bot}$

Filing Period: September 1 - November 1 - • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1 111 \(\text{A} \text{T} \) 2 Exact name of the limited hamlity company 111975 LAMB, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island. **DEVELOPMENT AND RENTAL OF REAL ESTATE RHODE ISLAND** 5. Principal office address 2440 Mendon Road Cumberland 02864 RI 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Raymond J. Lambert Manager Street Address 2440 Mendon Road Cumberland RI. 02864 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 Mayager Name Raymond J. Lambert Street Address Street Address 10 Jencks Road $Z\psi$ Cumberland RI 02864 Manager Name Hanager Name Street Address Street Address 2.0 Mate $Z\psi$

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

300 FRONT STREET

LINCOLN

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 9 7 5 *	
File Date 93	0568 003	
Check Na 60	<u> </u>	
Bv: FOR SECRI	ETARY OF STATE USE ONLY	

Agent Name

P.O. BOX A

Address

GEORGE M. PRESCOTT, ESQ.

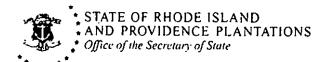
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Zij)

02865-

Raymond J. Lambert, Manager

Print or Type Name of Authors, ed 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 <u>2002</u>

Filing Period: September 1 - November 1 ● Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. ID No. 2. Exact name of the limited liabilty company 111975 LAMB, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation **DEVELOPMENT AND RENTAL OF REAL ESTATE RHODE ISLAND** 5. Principal office address State 2440 Mendon Road Cumberland 02864 RT 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Raymond J. Lambert Manager Street Address City State 2440 Mendon Road Cumberland 02864 RI 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE ("X" BOX FOR ATTACHMENT FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Raymond J. Lambert Street Address *Street Address 10 Jencks Road City State State Zip Cumberland 02864 Manager Name Manager Name Street Address Street Address Cin State 7ip City State 7ір 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name GEORGE M. PRESCOTT, ESQ. 300 FRONT STREET Address City Zip P.O. BOX A LINCOLN 02865-

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



	1.2.02	
File Date	<u> </u>	
Check No	4645	
By:	U	
FOR SECRET	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.

Rammed Tambre	Ze	ng)	<u></u>	October	l,	200
Signature of Authorized Person		1	Date	•		

Raymond J. Lambert, Manager Print or Type Name of Authorized Person

Filing Fee: \$50.00

Ву:

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

	LIMITED	LIABILITY
ID Number DLLC 1	11975_	Annual Report for the year 2001
I AMB IIC	limited liability company is:	
2. The address of	the principal office of the limited	l liability company is:
4. The name and	address of its resident agent is:	Fwhich it is formed is RHODE ISLAND GEORGE M. PRESCOTT, ESQ. RI 02865-
	ailing address of the limited liab	ility company and the name or title of a person to whom communications _amber, Manager
	. atamland Ki	usiness in which the limited liability company is actually engaged in this
		the name and address of each manager of the limited liability company Address
	. Lambert	10 Jencks Road, Cumberland, RI 02864
	nber 3, 2001 1 1 9 7 5 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. LAMB, LLC Exact Name of Limited Liability Company By Remond J. Kambt Mg.2.
File Date: //	9092	Raymond J. Lambert, Manager Title Form No. 632 Revised 01/99