



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. 111975		2. Exact name of the limited liability company LAMB, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DEVELOPMENT AND RENTAL OF REAL ESTATE	
5. Principal office address 2440 Mendon Road		City Cumberland	State RI
		Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Raymond J. Lambert		Contact Title Manager	
Street Address 2440 Mendon Road		City Cumberland	State RI
		Zip 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) <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 Raymond J. Lambert		Manager Name	
Street Address 10 Jencks Road		Street Address	
City Cumberland	State RI	Zip 02864	
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 GEORGE M. PRESCOTT, ESQ.		Address 300 FRONT STREET	
Address P.O. BOX A		City LINCOLN	Zip 02865-

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



File Date	10/14/05	*111975*
Check No.	1445	
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.

Signature of Authorized Person Date 10/12/05

Raymond J. Lambert, Manager

Print or Type Name of Authorized Person



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Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
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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)

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Manager Name Raymond J. Lambert		Manager Name			
Street Address 10 Jencks Road		Street Address			
City Cumberland	State RI	Zip 02864	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 GEORGE M. PRESCOTT, ESQ.		Address 300 FRONT STREET			
Address P.O. BOX A		City LINCOLN	Zip 02865-		

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



* 1 1 1 9 7 5 *

File Date	9/29/04
Check No.	815
By:	DA
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. Lambert MGR
Signature of Authorized Person Date **9/27/04**

Raymond J. Lambert, Manager
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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 111975		2. Exact name of the limited liability company LAMB, LLC	
3. State of formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DEVELOPMENT AND RENTAL OF REAL ESTATE	
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		Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Raymond J. Lambert		Contact Title Manager	
Street Address 2440 Mendon Road		City Cumberland	State RI
		Zip 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) <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 Raymond J. Lambert		Manager Name	
Street Address 10 Jencks Road		Street Address	
City Cumberland	State RI	City	State
Zip 02864		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 GEORGE M. PRESCOTT, ESQ.		Address 300 FRONT STREET	
Address P.O. BOX A		City LINCOLN	Zip 02865-

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



* 1 1 1 9 7 5 *

File Date	<u>9/30/03</u>
Check No	<u>600268</u>
By	<u>[Signature]</u>
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. Lambert 2003
Signature of Authorized Person Date 09/29/03

Raymond J. Lambert, Manager

Print or Type Name of Authorized Person



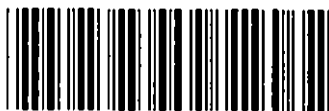
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 111975		2. Exact name of the limited liability company LAMB, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DEVELOPMENT AND RENTAL OF REAL ESTATE	
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		Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Raymond J. Lambert		Contact Title Manager	
Street Address 2440 Mendon Road		City Cumberland	State RI
		Zip 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) <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 Raymond J. Lambert		Manager Name	
Street Address 10 Jencks Road		Street Address	
City Cumberland	State RI	City	State
Zip 02864		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 GEORGE M. PRESCOTT, ESQ.		Address 300 FRONT STREET	
Address P.O. BOX A		City LINCOLN	Zip 02865

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



* 1 1 1 9 7 5 *

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.

File Date 10.2.02
Check No. 9695
By
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person
October 1, 2002
Date
Raymond J. Lambert, Manager
Print or Type Name of Authorized Person

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

Annual Report for the year 2001

ID Number DLLC 111975

1. The name of the limited liability company is:

LAMB, LLC

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

2440 Mendon Road, Cumberland, RI 02864

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: GEORGE M. PRESCOTT, ESQ.

300 FRONT STREET P.O. BOX A LINCOLN RI 02865-

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: Raymond J. Lamber, Manager

2440 Mendon Road, Cumberland, RI 02864

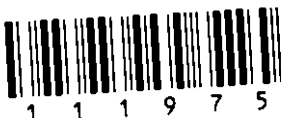
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Development and rental of real estate.

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

Name Raymond J. Lambert

Address 10 Jencks Road, Cumberland, RI 02864

Dated September 3, 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.

LAMB, LLC

Exact Name of Limited Liability Company

By Raymond J. Lambert Mgr.

Raymond J. Lambert, Manager

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date: 10-10-01

Check No.: 9092

By: [Signature]

SECRETARY OF STATE

Secretary of State. If the