



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. 126075		2. Exact name of the limited liability company River Farm Properties III, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO PURCHASE, OWN, IMPROVE, LEASE OPERATE, SELL, MORTGAGE AND OTHERWISE DEAL WITH REAL AND PERSONAL PROPERTY			
5. Principal office address ONE CITIZENS PLAZA, 8TH FLOOR		City PROVIDENCE	State RI	Zip 02903-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MICHAEL W JOUKOWSKY		Contact Title MANAGER			
Street Address 99 POWER 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 MICHAEL W JOUKOWSKY		• Manager Name • NONE			
Street Address 99 POWER STREET		• Street Address •			
City PROVIDENCE	State RI	Zip 02906	• City •	• State •	• Zip •
Manager Name NONE		• Manager Name • NONE			
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 SARAH T. DOWLING, ESQ.		Address ONE CITIZENS PLAZA, 8TH FLOOR			
Address •		City PROVIDENCE	Zip 02903-		

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



1 2 6 0 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.

Signature of Authorized Person

Date

MICHAEL W. JOUKOWSKY MANAGER
Print or Type Name of Authorized Person

126075 DLLC 09/08/05 11:50:58 AM

File Date 9/15/05

Check No. 328 M77413

By: KMC

FOR SECRETARY OF STATE USE ONLY



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AND PROVIDENCE PLANTATIONS
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5. Principal office address 2300 FINANCIAL PLAZA		City PROVIDENCE	State RI	Zip 02903-	
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Street Address 99 POWER STREET		Street Address			
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Manager Name NONE		Manager Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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Agent Name SARAH T. DOWLING, ESQ.		Address 2300 FINANCIAL PLAZA			
Address		City PROVIDENCE		Zip 02903-	

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



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126075 DLLC 09/10/04 09:06:30 AM

File Date - 10-4-04

Check No. 170

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

MICHAEL W. JOUKOWSKY

Print or Type Name of Authorized Person



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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
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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)

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Manager Name MICHAEL W. JOUKOWSKY		• Manager Name NONE			
Street Address 99 POWER STREET		• Street Address .			
City PROVIDENCE	State RI	Zip 02906	• City .	• State .	• Zip .
Manager Name NONE		• Manager Name NONE			
Street Address .		• Street Address .			
City .	State .	Zip .	• City .	• State .	• Zip .
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Address .		City PROVIDENCE		Zip 02903-	

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



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126075 DLLC 09/12/03 08:48:44 AM

File Date 11/3/03

Check No. 102

By: EML

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

MICHAEL W. JOUKOWSKY

Print or Type Name of Authorized Person