

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

1. ID No. 126075		2. Exact name of the limited liability company River Farm Properties III, LLC					
3. State of Formation	1	•	usiness which is actually conducted	in Rhode Island			
RHODE ISLANI	TO PURC	•	, LEASE OPERATE, SELL,		OTHERWISE DEAL WITH		
5. Principal office address			City	State	Zip		
ONE CITIZENS	PLAZA, 8TH FL	OOR	PROVIDENCE	RI	02903-		
6. MAILING AD Contact Name MICHAEL W JO		D LIABILITY COMPAN	Y AND NAME OR TITLE Contact Title MANAGER	OF CONTACT PE	RSON:		
Street Address			City	State	Zip		
99 POWER STR	EET		PROVIDENCE	RI	02906-		
4 N					· · · · · · · · · · · · · · · · · · ·		
Manager Name							
•	TIVOUCKY		• Manager Name • NONE				
MICHAEL W JO	UKOWSKY		NONE	····			
MICHAEL W JO			•				
MICHAEL W JO Street Address 39 POWER STR		ĪΖip	NONE Street Address	State	Zip		
MICHAEL W JO Street Address 39 POWER STR City	EET	Zip 02906	NONE	State	Zip		
AICHAEL W JO Street Address 39 POWER STR City PROVIDENCE	EET State		NONE Street Address	State	Zip		
MICHAEL W JO Street Address 99 POWER STR City PROVIDENCE Manager Name	EET State		NONE Street Address City	State	Zip		
MICHAEL W JO	EET State		NONE Street Address City Manager Name	State	Zip		
MICHAEL W JO Street Address 99 POWER STR City PROVIDENCE Manager Name NONE Street Address	EET State		NONE Street Address City Manager Name NONE	State State	Zip		
MICHAEL W JO Street Address 99 POWER STR City PROVIDENCE Manager Name NONE Street Address	State RI State	02906 Zip	NONE Street Address City Manager Name NONE Street Address	State	Zip		
IICHAEL W JO ITEEL Address 19 POWER STR ITE PROVIDENCE Anager Name NONE ITEEL Address ITEEL ADRESS ITEEL ADDRESS ITEEL ADDRESS ITEEL ADDRESS ITEEL ADDRESS ITEEL ADRESS ITEEL ADDRESS ITEEL ADDRESS ITEEL ADDRESS ITEE	State RI State	02906 Zip	NONE Street Address City Manager Name NONE Street Address City	State	Zip		
IICHAEL W JO Irreet Address 19 POWER STR Ity PROVIDENCE danager Name NONE Irreet Address Ity RESIDENT AG gent Name	State RI State RI State ENT IN RHODE ISL.	02906 Zip	NONE Street Address City Manager Name NONE Street Address City anges require filling of Fe	State orm 642 - R.I.G.L.	Zip 7-16-11		
MICHAEL W JO Street Address 99 POWER STR City PROVIDENCE Manager Name NONE Street Address	State RI State RI State ENT IN RHODE ISL.	02906 Zip	NONE Street Address City Manager Name NONE Street Address City Address	State orm 642 - R.I.G.L.	Zip 7-16-11		

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



126075	DLLC 09/08/05 11:50:58 AM
File Date	9/2/165
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FOR SECRI	TARY 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

MICHAEL W. JOUKOWSKY MANAGE

Print or Type Name of Authorized Person

Form 632 Rev. 6/02



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED L	IABILITY	COMPANY ANN	UAL REPORT FO	R THE VEA	R 2004	
iling Period: Septe	mber 1 - Noveml	per 1 • Filing Fee: \$50.	00			
FORM MUST BE TYPE						
1. <i>ID No.</i> 126075		ne limited liabilty company operties III, LLC				
State of Formation 4. Brief description of the character of the but			business which is actually conducted	in Rhode Island		
RHODE ISLAND	TO PUR	CHASE, OWN, IMPROVE, ND PERSONAL PROPERTY	LEASE, OPERATE, SELL,	MORTGAGE AND O	THERWISE DRAL WITH	
5. Principal office addri	ess		City	State	Zip	
2300 FINANCIAL PLAZA			PROVIDENCE	RI	02903-	
6. MAILING ADDI Contact Name MICHAEL W JOU		ED LIABILITY COMPAN	Contact Title MANAGER	OF CONTACT PER	SON:	
Street Address			City	State	Zip	
99 POWER STREE	ET		. PROVIDENCE	RI	02906-	
fanager Name MICHAEL W JOU		ONS TO MANAGENS HEQUI	RES FILING OF AMENDMENT. F • Manager Name • NONE	.I.G.L 7-16-12 (a) (2) 1	7-16-52	
Street Address			Street Address			
99 POWER STRE	ET		•			
City State Zip		*City	State	Zip		
PROVIDENCE RI 02906 Manager Name NONE			• '		ĺ	
			Manager Name NONE			
City	State	Zip	City	State	Zip	
B. RESIDENT AGE	NT IN RHODE ISI	AND -DO NOT ALTER- Ch	anges require filing of Fo	orm 642 - R.I.G.L. 7-1	16-11	
gent Name			Address	 		
SARAH T. DOWL	.ING, ESQ.		2300 FINANCIAL	PLAZA		
Address			City Zip			

PROVIDENCE

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



126075 DLLC 09/10/04 09:06:30 AM				
File Date - 10-4-04				
Check No				
2.				
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

02903-

MICHAEL W. JOUKOWSKY

Print or Type Name of Authorized Person

Form 632 Rev. 6/02

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

I. ID No.		PRINTED IN BLACK) act name of the limited liabilty company					
126075		r Farm Properties III, LLC					
3 State of Formation	1 -		e business which is actually conducted				
RHODE ISLANI		THASE, OWN, IMPROVE ND PERSONAL PROPERT	, LEASE, OPERATE, SELL,	MORTGAGE AND O	THERWISE DEAL WITH		
5. Principal office address			City	State	Zip		
2300 FINANCIAL PLAZA			PROVIDENCE	RI	02903-		
6. MAILING ADI	DRESS OF LIMIT	ED LIABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT PER	SON:		
Contact Name			Contact Title				
MICHAEL W.	JOUKOWSKY		MANAGER				
Street Address			City	State	Zip		
9 POWER STRI	EET		. PROVIDENCE	RI	02906		
fanager Name			JIRES FILING OF AMENDMENT. R • Manager Name • NONE		7-14-02		
Street Address	OUROWSKI	·· .	• Street Address				
99 POWER STR	EET		•				
City	State	Zip	*Cirv	State	Zip		
PROVIDENCE	RI	02906					
Manager Name			*Manager Name				
NONE			NONE				
Street Address			*Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGI	ENT IN RHODE ISI	AND -DO NOT ALTER- CI	hanges require filling of Fo	rm 642 - R.I.GL. 7-	16-11		
Igent Name			Address				
SARAH T. DOW	/LING, ESQ.		2300 FINANCIAL	PLAZA			
Address		City					
			DROWIDENCE				

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



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File Date	11/3/03	<u> </u>		
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B <u>v;</u>	(m)			
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 the all statements contained begin are true and correct.

Signature of Authorized Person

Date

MICHAEL W. JOUKOWSKY

Print or Type Name of Authorized Person