

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence. RJ 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 TYPE	ED OR PRINTED IN BL	ICK)					
1. ID No. 109675							
3. State of Formation	<u> </u>	<u> </u>	husi-ess which to actually conductor	l in Phode Island	<u></u>		
			AL PROPERTY AND IMPROVI				
RHODE ISLAND	10 0,4, 1	DAGE AND GENE ADI	AL PROPERTI AND INTROVE	3.25.15			
5. Principal office addre	PSS		City	State	Zip		
3608 TOWER HI	LL RD.		WAKEFIELD	RI	02879-		
6. MAILING ADD Contact Name Michael P. Wi		LIABILITY COMPA	NY AND NAME OR TITLE Contact Title	OF CONTACT F	PERSON:	<u>-</u> ,	
Street Address			Ciry	State	Zip		
3608 TOWER HI	LL RD		.WAKEFIELD	RI	02879-		
Manager Name Michael P. Wi	ANY MODIFICATIONS		ATTACHMENTS ("X" BOX I IRES FILING OF AMENDMENT. • Manager Name				
Street Address			* Street Address	• Street Address			
3608 Tower Hi	ll Poad		•				
City	State	Zip	*Citv	State	Zip		
Wakefield	RI	02879	•		'		
Manager Name			Manager Name	!		• • • •	
Street Address			·Street Address	• Street Address			
City	State	Zip	City	State	Zip	•	
8. RESIDENT AGEI	NT IN RHODE IŞLAN	D DO NOT ALTER- Ch	nanges require filing of F	orm 642 - R.J.G.	7-16-11		
JOSEPH F. WHI	NERY, JR.		56 EXCHANGE TE	56 EXCHANGE TERRACE			
Address			City	City			
CAMERON & MITTLEMAN, LLP			PROVIDENCE	PROVIDENCE 02903			
					<u></u>		

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



File Date Check No. FOR SECRÉTARY OF STATE USE ONLY Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, ontajn) of herejn are true and correct.

MICHAEL P. WINTER

Print or Type Name of Authorized Person

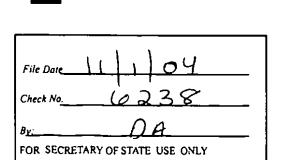


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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1 ID No 2. Exact name of the limited liabilty company 109675 Kingston Street Limited, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN, LEASE AND SELL REAL PROPERTY AND IMPROVEMENTS RHODE ISLAND 5. Principal office address State Zip 3608 TOWER HILL RD. WAKEFIELD RI 02879-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Michael P. Winter Street Address City State Zip 3608 TOWER HILL RD .WAKEFIELD RI 02879-7. 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 ·Manager Name Michael P. Winter Street Address ·Street Address 3608 Tower Hill Road City State State Zip ·City Zip Wakefield RI 02879 Manager Name Manager Name Street Address ·Street Address City State City Zρ Zip State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.C.L. 7-16-11 Address JOSEPH F. WHINERY, JR. 56 EXCHANGE TERRACE Address City Zip CAMERON & MITTLEMAN, LLP PROVIDENCE 02903

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



Under penalty of perjury, I declare and aftern that I ha	ave examined
this report, including any accompanying sphedules an	
and that all scatcing its confulned herein are true and c	orrect.
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*//// LAN INPONITION	MAILANU
	10/0//201/
Signature of Authorited Person Bate	
MULARIPIN	1-1
	MEK
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 LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR $\frac{2003}{1}$

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company 109675 Kingston Street Limited, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN, LEASE AND SELL REAL PROPERTY AND IMPROVEMENTS RHODE ISLAND 5. Principal office address 3608 TOWER HILL RD. WAKEFIELD RI 02879-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Michael P. Winter Street Address City State 3608 TOWER HILL RD . WAKEFIELD RI 02879-7. 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 · Manager Name Michael P. Winter Sireet Address · Street Address 3608 Tower Hill Road City State Zip City State Zip Wakefield RI 02879 Manager Name Manager Name Street Address ·Street Address City State 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 JOSEPH F. WHINERY, JR. 56 EXCHANGE TERRACE Address Zip

PROVIDENCE

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

	1 0 9 6 7 5
	12.1.2
File Date	1/26/03
Check No	La grand
FOR SECRET	ARY OF STATE USE ONLY

CAMERON & MITTLEMAN, LLP

Under penalty of perjury/i declare and affirm that/i this report, including any/accompanying/schedules a	nave examined
and that all statements contained therein are true and	
_ //// MANA Y Mulle	11/19/9003
Signatur of Allorized Person Date	
Print or Type Name of Authorized Person	Form 632 Rev. 6/02

02903



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

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

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

(FORM MUST BE TYP						
7. ID No. 2. Exact name of the limited liability company (*109675* Kingston Street Limited, LLC						
3. State of Formation	13	4. Brief description of	the character of the bu	siness which is actually conduct	ed in Rhode Island	
RHODE ISLAND		TO ÓWN, LEASÉ	AND SELL REAL	PROPERTY AND IMPRO	VEMENTS	
5. Principal office addr				Ciry	State	Zip
3608 TOWER HI			<u>-</u>	WAKEFIELD	RI	02879-
6. MAILING ADD Contact Name	RESS C	F LIMITED LIAB	BILITY COMPAN	YAND NAME OR TITLI Contact Title	E OF CONTACT PE	RSON:
Street Address			<u> </u>	City	State	Zip
3608 TOWER HI		وسيء ، درواند دو		WAKEFIELD	PI	02879-
Manager Name	ANY M	FILL IN SPACES ODIFICATIONS TO M	BEFORE USING A	MITED LIABILITY CO: TTACHMENTS ("X" BOX ES FILING OF AMENDMENT. Manager Name	(FOR ATTACHMENT) [
N/A AliCHAFE	:L P.	WINTAR		•		
Street Address		CHILL RO	-	Street Address	·	
36087	12 WR	EHILL KO	<u>, </u>	<u> </u>		
City	W 13	State	12879	*City	State	Zip
Manager Name	724.P.	J	1. 02.77	Manager Name		
Street Address	· · ·			*Street Address	<u> </u>	····································
City		State	Zip	City	State	Zip
8. RESIDENT AGEI Agent Name JOSEPH F. WHII		•	NOT ALTER- Chai	nges require filing of Address 56 EXCHANGE T	- -	7-16-11
Address				City		Zip
CAMERON & MIT	TLEMAN	I, LLP		PROVIDENCE		02903
This report must be	e signed	in ink by an auth	norized person pu	rsuant to 7-16-66.		
*109675 DLLC8/	1 0 22/0210	9 6 7 5 *	" 7	this report, includ		from that I have examined senedules and statements, trugand correct.
File Date //	-25 1115			Signature of Afriches	hed flat that	1 1 1/26/03
β <u>γ</u> :	2			Print or Type Name	of Authorized Person	7.2.6
FOR SECRETARY OF	STATE U	SE ONLY		7 Thin or Type Isame	, o _j rimnoriseu r trijon	Form 632 Rev. 6/0

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

- 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

D	Number	DLLC 109675	Annual Report for the year 2001
1.	The nam	ne of the limited liability company	is:
	Kingstor	Street Limited, LLC	
2.	The add	ress of the principal office of the I	imited liability company is:
	3608 To	ower Hill Road, Wakefield	i, Rhode Island 02879
3.	The stat	e or other jurisdiction under the la	aws of which it is formed is RHODE ISLAND
4. The name and address of its resident agent is: JOSEPH F. WHINERY, JR.			ent is: JOSEPH F. WHINERY, JR.
	CAMER	ON & MITTLEMAN, LLP 56 EXC	HANGE TERRACE PROVIDENCE RI 02903
5.	The curr	ent mailing address of the limited	d liability company and the name or title of a person to whom communications
	may be	directed are: Michael P. Wint	ter, 3608 Tower Hill Road, Wakefield,
	Rhode	Island 02879	
6.	A brief	statement of the character of the	e business in which the limited liability company is actually engaged in this
	state:	owning, leasing, selling	real property and improvements
7.	If the lim	nited liability company has manag Name	ers, the name and address of each manager of the limited liability company Address
	n	11 has alms	3605 Tower HILLAD WAKETELD BY OF
		AnDra Winter	
		Ven Winks	
Da	ated <u>Sep</u>	tember , 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.
	FOR SECR	1	Kingston Street Limited Liability Company Exact Name of Limited Liability Company By
	Date:	9-21-01	Dresilent + Deveral Partne
Che	eck No.:	1081	Title Form No. 632
By:		7.	Revised 01/99



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 109	9675
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By:

Annual Report for the year 2000

	DEED 100070	Annual Report for the year 2000				
1.	The name of the limited liability company is:					
	Kingston Street Limited, LLC					
2.	2. The address of the principal office of the limit	ed liability company is:				
	3608 Tower Hill Road, Wakefield,	Rhode Island 02879				
3.	3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND					
4.	4. The name and address of its resident agent is	he name and address of its resident agent is: JOSEPH F. WHINERY, JR.				
	CAMERON & MITTLEMAN, LLP 56 EXCHAN	CAMERON & MITTLEMAN, LLP 56 EXCHANGE TERRACE PROVIDENCE RI 02903				
5.	5. The current mailing address of the limited lial	The current mailing address of the limited liability company and the name or title of a person to whom communications				
	may be directed are: Michael P. Winte	er, 3608 Tower Hill Road, Wakefield, RI 02879				
6.	6. A brief statement of the character of the bu	isiness in which the limited liability company is actually engaged in this property and improvements				
7.	7. If the limited liability company has managers, Name	, the name and address of each manager of the limited liability company Address				
Dat	Dated September , 2000	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? Kingston Street Limited Lic Exact Name of Limited Liability Company				
	11/00	By Walter Walter				
Chec	Check No.: 103.5	Title Form No. 632				
3 y :	sy: de	Revised 01/99				