



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. 109675		2. Exact name of the limited liability company Kingston Street Limited, LLC	
3. State of Formation RHODE ISLAND		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	
5. Principal office address 3608 TOWER HILL RD.		City WAKEFIELD	State RI
		Zip 02879-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Michael P. Winter		Contact Title	
Street Address 3608 TOWER HILL RD		City WAKEFIELD	State RI
		Zip 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) <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 P. Winter		Manager Name	
Street Address 3608 Tower Hill Road		Street Address	
City Wakefield	State RI	Zip 02879	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 JOSEPH F. WHINERY, JR.		Address 56 EXCHANGE TERRACE	
Address CAMERON & MITTLEMAN, LLP		City PROVIDENCE	Zip 02903

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



1 0 9 6 7 5

File Date	9/15/05
Check No.	1227
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 P. WINTER

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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 109675		2. Exact name of the limited liability company Kingston Street Limited, LLC			
3. State of Formation RHODE ISLAND		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			
5. Principal office address 3608 TOWER HILL RD.		City WAKEFIELD	State RI	Zip 02879-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Michael P. Winter		Contact Title			
Street Address 3608 TOWER HILL RD		City WAKEFIELD	State RI	Zip 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) <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 P. Winter		*Manager Name			
Street Address 3608 Tower Hill Road		*Street Address			
City Wakefield	State RI	Zip 02879	*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 JOSEPH F. WHINERY, JR.		Address 56 EXCHANGE TERRACE			
Address CAMERON & MITTLEMAN, LLP		City PROVIDENCE	Zip 02903		

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



1 0 9 6 7 5

File Date	11/1/04
Check No.	0238
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.

Signature of Authorized Person

Date

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. 109675		2. Exact name of the limited liability company Kingston Street Limited, LLC	
3. State of Formation RHODE ISLAND		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	
5. Principal office address 3608 TOWER HILL RD.		City WAKEFIELD	State RI
		Zip 02879-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Michael P. Winter		Contact Title	
Street Address 3608 TOWER HILL RD		City WAKEFIELD	State RI
		Zip 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) <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 P. Winter		Manager Name	
Street Address 3608 Tower Hill Road		Street Address	
City Wakefield	State RI	City	State
Zip 02879		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 JOSEPH F. WHINERY, JR.		Address 56 EXCHANGE TERRACE	
Address CAMERON & MITTLEMAN, LLP		City PROVIDENCE	Zip 02903

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



1 0 9 6 7 5

File Date	11/26/03
Check No.	1164
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

Print or Type Name of Authorized Person



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 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *109675*		2. Exact name of the limited liability company Kingston Street Limited, LLC	
3. State of Formation RHODE ISLAND		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	
5. Principal office address 3608 TOWER HILL RD.		City WAKEFIELD	State RI
		Zip 02879-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name		Contact Title	
Street Address 3608 TOWER HILL RD		City WAKEFIELD	State RI
		Zip 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) <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 N/A MICHAEL P. WINTER		*Manager Name	
Street Address 3608 TOWER HILL RD		*Street Address	
City WAKEFIELD	State RI	Zip 02879	
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 JOSEPH F. WHINERY, JR.		Address 56 EXCHANGE TERRACE	
Address CAMERON & MITTLEMAN, LLP		City PROVIDENCE	Zip 02903

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



109675 DLLLC8/22/0210:45:59 AM
File Date <u>11-25-02</u>
Check No. <u>1115</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.

Signature of Authorized Person

Date

MICHAEL P. WINTER
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

ID Number DLIC 109675

Annual Report for the year 2001

1. The name of the limited liability company is:

Kingston Street Limited, LLC

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

3608 Tower Hill Road, Wakefield, Rhode Island 02879

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: JOSEPH F. WHINERY, JR.

CAMERON & MITTLEMAN, LLP 56 EXCHANGE TERRACE PROVIDENCE RI 02903

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: Michael P. Winter, 3608 Tower Hill Road, Wakefield,

Rhode Island 02879

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: owning, leasing, selling real property and improvements

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

Name

Address

Michael Winter

3608 Tower Hill Road Wakefield, RI 02879

Sandra Winter

Susan Winter

Dated September, 2001



1 0 9 6 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.

Kingston Street Limited, LLC
Exact Name of Limited Liability Company

By

Michael Winter
President + General Partner
Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-21-01

Check No.: 1081

By: [Signature]

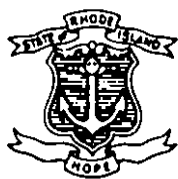
Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

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

ID Number DLLC 109675

Annual Report for the year 2000

1. The name of the limited liability company is:

Kingston Street Limited, LLC

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

3608 Tower Hill Road, Wakefield, Rhode Island 02879

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: JOSEPH F. WHINERY, JR.

CAMERON & MITTLEMAN, LLP 56 EXCHANGE TERRACE PROVIDENCE RI 02903

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: Michael P. Winter, 3608 Tower Hill Road, Wakefield, RI 02879

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: to own, lease and sell real property and improvements

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

<i>Name</i>	<i>Address</i>
_____	_____
_____	_____
_____	_____

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, LLC

Exact Name of Limited Liability Company

By _____

President
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>11/22</u>
Check No.:	<u>1035</u>
By:	<u>de</u>