

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

FORM MUST BE TYPED OR PRINTED IN BLACK    1. ID No.   2. Exact name of its limited liability company   Prospect Terrace, LLC     3. State of Formation   4. Brief description of the character of the business which is actually conducted in Rhode Island     TO BUY, SELL, OWN , LEASE, OPERATE, INVEST AND MANAGER REAL ESTATE PROVIDENCE   RI     5. Principal office address   PROVIDENCE   RI     6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name   Contact Name   Contact Name   Contact Title   MANAGER     MICHAEL W JOUKOWSKY   MANAGER   RI     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) / 7-16-5     Manager Name   NONE   State   Street Address   Street Addr				
Prospect Terrace, LLC	<del></del>			
RHODE ISLAND  TO BUY, SELL, OWN, LEASE, OPERATE, INVEST AND MANAGE REAL ESTATE PS  3. Principal office address 99 POWER STREET  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MICHAEL W JOUKOWSKY  Street Address 99 POWER STREET  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) / 7-16-5  Manager Name MICHAEL W JOUKOWSKY  NONE  Street Address  99 POWER STREET  City PROVIDENCE RI  O2906  Manager Name NONE  NONE  Street Address	t Terrace, LLC			
RHODE ISLAND  TO BUY, SELL, OWN, LEASE, OPERATE, INVEST AND MANAGE REAL ESTATE PROBLEM TO BUY, SELL, OWN, LEASE, OPERATE, INVEST AND MANAGE REAL ESTATE PROBLEM TO BUY, SELL, OWN, LEASE, OPERATE, INVEST AND MANAGE REAL ESTATE PROBLEM TO BUY, STREET  State PROVIDENCE  MICHAEL W JOUKOWSKY  TO BUY, SELL, OWN, LEASE, OPERATE, INVEST AND MANAGE REAL ESTATE PROVIDENCE  RI  Contact Name  MICHAEL W JOUKOWSKY  ANY MODIFICATIONS 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) / 7-16-5  Manager Name  MICHAEL W JOUKOWSKY  NONE  Street Address	<del></del>			
99 POWER STREET  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name MICHAEL W JOUKOWSKY  Street Address  99 POWER STREET  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) / 7-16-5  Manager Name MICHAEL W JOUKOWSKY  NONE  Street Address  99 POWER STREET  City PROVIDENCE RI  State RI  City PROVIDENCE RI  O2906  Manager Name NONE  Street Address	ROPERTIES.			
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name MICHAEL W JOUKOWSKY  Street Address  99 POWER STREET  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) / 7-16-5  Manager Name MICHAEL W JOUKOWSKY  NONE  Street Address  99 POWER STREET  City PROVIDENCE RI  Zip City State RI  Zip City State NONE  Manager Name NONE  Manager Name NONE  NONE  Street Address	Zip			
Contact Title MICHAEL W JOUKOWSKY  MICHAEL W JOUKOWSKY  Street Address  99 POWER STREET  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 (2) (2) / 7-16-5  Manager Name MICHAEL W JOUKOWSKY  Street Address  99 POWER STREET  City PROVIDENCE RI  02906  Manager Name NONE  Manager Name NONE  Street Address	02906			
Contact Name   Contact Title   MANAGER				
Sircei Address  99 POWER STREET  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) / 7-16-5  Manager Name  MICHAEL W JOUKOWSKY  NONE  Street Address  99 POWER STREET  City PROVIDENCE RI  02906  Manager Name NONE  NONE  Street Address				
99 POWER STREET  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) / 7-16-5  Manager Name  MICHAEL W JOUKOWSKY  NONE  Street Address  99 POWER STREET  City  PROVIDENCE  RI  Zip  O2906  Manager Name  NONE  Manager Name  NONE  State  NONE  State  NONE  Street Address  Street Address  Street Address				
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 FIUNG OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-5  Manager Name MICHAEL W JOUKOWSKY  NONE  Street Address  99 POWER STREET  City PROVIDENCE RI  02906  Manager Name NONE  Street Address  Street Address  NONE  Street Address  Street Address  Street Address	Zip			
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-5  Manager Name  Manager Name  MICHAEL W JOUKOWSKY  Street Address  99 POWER STREET  City  PROVIDENCE  RI  02906  Manager Name  NONE  State  RI  02906  Manager Name  NONE  State  NONE	02906-			
Manager Name  MICHAEL W JOUKOWSKY  Street Address  99 POWER STREET  City  PROVIDENCE  Manager Name  NONE  State  RI  02906  Manager Name  NONE  Street Address  State  NONE  Street Address  Street Address	· · · · · · · · · · · · · · · · · · ·			
MICHAEL W JOUKOWSKY  Street Address  99 POWER STREET  City  PROVIDENCE  RI  02906  Manager Name  NONE  Street Address  State  NONE  Street Address  Street Address				
Street Address  99 POWER STREET  City  PROVIDENCE  RI  02906  Manager Name  NONE  Street Address  Street Address  Street Address  Street Address				
City PROVIDENCE RI 02906  Manager Name NONE NONE Street Address  Street Address	<del></del>			
PROVIDENCE RI 02906  Manager Name NONE NONE Street Address Street Address				
Manager Name  Manager Name  NONE  Street Address  Street Address	Zip			
NONE  Street Address  Street Address  City				
City Work				
City State Zip City State	<del></del>			
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	<del></del>			
Agent Name Address	· · · · · · · · · · · · · · · · · · ·			
SARAH T. DOWLING, ESQ. ONE CITIZENS PLAZA, 8TH FLOOR				
Address City Zip	<del>_</del>			
PROVIDENCE 02903	•			

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



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8 <u>y.</u>	(	<u>cm</u>	<u>ر</u>	
FOR SECR	ETARY	OF STAT	E U	SE ONLY

Under penalty	y of perjury, I de	clare and affirm that	I have examined
this report, in	cluding any acco	oppanying schedule	s and statements.
and that affst	atements contain	ed herein are true a	nd correct.
<i>(</i> )	) (ی) یہ	Skeey	9/15/05
Signature of At	thorized Person	Pou	•
MICHA	FI W JO	UKOWSKY	MANACOFE

Print or Type Name of Authorized Person



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

	PED OR PRINTED IN					
1. ID No. 76777		c limited liabilty company		<del></del>		
3 State of Formation	Prospect Terra	·				
3 State of Formation  4. Brief description of the character of the TO BUY, SELL, OWN, LEASE,					TR PROPERTIES	
	5. Principal office address 99 POWER STREET			State RI	Zip 02906	
6. MAILING AD	DRESS OF LIMIT	ED LIABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT PER	SON:	
Contact Name MICHAEL W JOUKOWSKY			Contact Title MANAGER			
Street Address	-		City	State	Zip	
99 POWER STR	EET		. PROVIDENCE	RI	02906-	
Manager Name		ONS TO MANAGERS REQU	IRES FILING OF AMENDMENT. F	I.I.G.L 7-16-12 (a) (2) /	7-16-52	
MICHAEL W.JC	UKOWSKY		NONE Street Address			
Street Address						
99 POWER STR			•			
City PROVIDENCE	State RI	<i>Zip</i> 02906	*City	State	Zip	
Manager Name NONE Street Address			Manager Name NONE Street Address			
8. RESIDENT AG	ENT IN RHODE ISL	AND DO NOT ALTER- CI	nanges require filing of Fo	orm 642 - R.I.GL. 7-	16-11	
SARAH T. DOV	VLING, ESQ.		2300 FINANCIAL PLAZA			
Address	<del></del>		City			

City

**PROVIDENCE** 

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



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B <sub>Y;</sub>	2ı
FOR SECRETAR	RY 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



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

LIMITED L	IABILIT	Y COME	PANY ANN	UAL REPORT FO	R THE YEA	<b>R</b> 2003		
Filing Period: Sept	ember 1 - No	vember I 🏓	Filing Fee: \$50.	00				
FORM MUST BE TYP			3					
1. ID No.	2. Exact name	of the limited lia	bilty company	··· <u>-</u> -	<del>-</del>	<del></del>		
76777 Prospect Terrace, LLC								
3. State of Formation	4. Br	ief description of t	he character of the b	usiness which is actually conducted	ın Rhode İsland			
RHODE ISLAND				OPERATE, INVEST AND MA		E PROPERTIES.		
5. Principal office addi	ress	·	<del></del>	City State Zip				
99 POWER STRE	EET			PROVIDENCE	RI	02906		
6. MAILING ADD	RESS OF LI	MITED LIAB	ILITY COMPAN	YAND NAME OR TITLE	OF CONTACT PER	SON:		
Contact Name				Contact Title				
MICHAEL W JOU	JKOWSKY			.MANAGER				
Street Address				City	State	Zip		
99 POWER STRE	ET			. PROVIDENCE	RI	02906-		
fanager Name MICHAEL W. JO	ANY MODIFIC		BEFORE USING ANAGERS REQUIR	**Manager Name  NONE	OR ATTACHMENT) J.G.L 7-16-12 (a) (2) /	7-16-52		
99 POWER STRE	· Com			• Street Address				
City	State		12:-	•				
PROVIDENCE	RI		Zip 02906	*City	Stale	Zip		
Manager Name			102300					
NONE				*Manager Name	NONE			
Sirect Address			<u> </u>					
Sireer Address				Street Address		•		
City	State		Zip	City	State	Zip		
PECIDENT ACE	NE DV DUODI	121 AND 60	NOT ALTER OL	<del></del>				
gent Name	III KNODI	JOUAND -DO	NUI ALIEK- Cha	nges require filing of Fo	rm 642 - R.I.G.L. 7-1	6-11	i	
•	INC ECC		•		Address			
SARAH T. DOWI	LING, ESQ.	·		2300 FINANCIAL	PLAZA			
Address				City Zip				

PROVIDENCE

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



*76777 DLLC	09/12/03 08:22:09 AM*
File Date	11-3-03
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B <u>y:</u>	2.
FOR SECRETARY	OF STATE USE ONLY

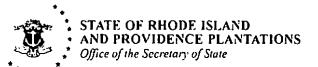
Under penalty of perjury I deolare and affirm that I have examined this peport, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

02903

Signature of Authorized Person

MICHAEL W. JOUKOWSKY

Print or Type Name of Authorized Person



Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED L	IABII	LITY CO	OMPANY AND	UAL REPORT FO	R THE YE	AR 2002	
•			1 • Filing Fee: \$50.	.00			
1. ID No. *76777*	at a many to my and the						
3. State of Formation	•	4. Brief descrip	nion of the character of the	husiness which is actually conducted i	n Rhode Island		
RHODE ISLAND TO BUY, SELL, OWN , LEASE,				OPERATE, INVEST IN ANI	MANAGE REAL	ESTATE PROPERTIES.	
5. Principal office address 99 POWER STREET				City PROVIDENCE	Siaic RI	<i>Zip</i> 02906	
6. MAILING ADD Coniaci Name MICHAEL W JOU		···	LIABILITY COMPA	Contact Title  MANAGER	OF CONTACT PE	RSON:	
Sireei Address 99 POWER STREET			<i>City</i> . PROVIDENCE	State RI	Zip 02906 -		
7. NAME AND AD		FILL INS	PACES BEFORE USING	IMITED LIABILITY COMP ATTACHMENTS ("X" BOX FO RES FILING OF AMENDMENT, R	OR ATTACHMENT) [	<b>]</b> .	
Manager Name				· Manager Name			
MICHAEL W JOU	IKOWSKY	<i>(</i>		NONE Street Address			
Sireei Address							
99 POWER STRE	EET			•			
City PROVIDENCE		State R I	<i>Zip</i> 02906	·City	State	Zip	
Manager Name NONE				Manager Name NONE			
Street Address	· · · · ·			•Street Address •	_		
City		State	Zip	City	State	Zip	
	NT IN R	HODE ISLAN	D DO NOT ALTER- Ch	anges require filing of Fo	orm 642 - R.I.Gl	7-16-11	
Agent Name				Address			
SARAH T. DOWLING, ESQ.				2300 FINANCIAL	2300 FINANCIAL PLAZA		
Address				City		Zip	
<del> </del>				PROVIDENCE	02903		

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



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File Date 11)-29-06
Check No. 119
B): AME
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

38-10-01

MICHAEL W. JOUKOWSKY

Print or Type Name of Authorized Person

By:

To be filed annually between September 1 and November 1

Form No. 632

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 76777	Annual Report for the year 2001
1.	The name of the limited liability company is:	
	Prospect Terrace, LLC	
2.	The address of the principal office of the lim	
3.	The state or other jurisdiction under the law	s of which it is formed is RHODE ISLAND
4.	The name and address of its resident agent	t is: SARAH T. DOWLING, ESQ.
	2300 FINANCIAL PLAZA PROVIDENCE R	1 02903
5.	The current mailing address of the limited lim	ability company and the name or title of a person to whom communications
e		el W. Joukowsky
0.		operate, invest and manage real estate properties.
7.	If the limited liability company has manager	s, the name and address of each manager of the limited liability company  Address
	Michael W. Joukowsky	99 Power Street, Providence, RI 02906
Da	ted 9/19/01	Under penalty of perjury, I declare and affirm that I have examined this
	7 6 7 7 7	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  Prospect Terrace, LLC  Exact Name of Limited Liability Company
File	FOR SECRETARY OF STATE USE ONLY Date:	By Clow W. Cleen
	ck No.:	Manager Title

DETACH BOTTOM BEFORE RETURNING

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 76777	Annual Report for the year 2000
1.	The name of the limited liability comp	pany is:
	Prospect Terrace, LLC	<u> </u>
2.	The address of the principal office of	the iimited liability company is:
	99 Power Street, Providence	, RI 02906
3.	The state or other jurisdiction under t	the laws of which it is formed is RHODE ISLAND
4.	The name and address of its residen	tagentis: SARAH T. DOWLING
	ADLER, POLLOCK & SHEEHAN 23	OO BankBoston Plaza, PROVIDENCE RI 02903
5.	The current mailing address of the lin	mited liability company and the name or title of a person to whom communications
	may be directed are: 99 Powe	r Street, Providence, RI 02906
	Attn:	Michael W. Joukowsky
6.	A brief statement of the character of	of the business in which the limited liability company is actually engaged in this
	state: To buy, sell, own, l	ease, operate, invest and manage real estate properties.
7.	If the limited liability company has ma Name	anagers, the name and address of each manager of the limited liability company  **Address**
	Michael W. Joukowsky	99 Power Street, Providence, RI 02906
Da	ted	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.  Prospect Terrace, LLC
	FILED	Exact Name of Lighted Liability Company
File	FOR SECRETARY OF STATE USE ONLY Date: OCI 04 2000	By Clew (U). Melle
Che	ck No.: By Le 0005 1/6	Manager Title
Ву:		Form No. 632 Revised 01/99

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

	LIMITE	ED LIABILITY COMPANY
ID	ID Number <u>LL 76777</u>	Annual Report for the year 1999
1.	The name of the limited liability company is:  Prospect Terrace, LLC	
2.	<ol> <li>The address of the principal office of the limite</li> <li>99 Power Street, Providence, RI</li> </ol>	
3.	,	
4.	<ol> <li>The name and address of its resident agent is ADLER, POLLOCK &amp; SHEEHAN 2300 BANK</li> </ol>	
5.	may be directed are: 99 Power Str	el W. Joukowsky
6. 7.	state: <u>To buy, sell, own, lease, o</u>	perate, invest and manage real estate properties.  the name and address of each manager of the limited liability company
	Name	Address  9 Power Street, Providence, RI 02906
	* 7 6 7 7 7 *	Under penalty of perjury, I declare and affirm that I have examined this eport, including any accompanying schedules and statements, and nat all statements contained herein are true and correct.  Prospect Terrace, LLC  Exact Name of Limited Liability Company
ile	FOR SECREFARY OF STATE USE ONLY ile Date: 10/14/95	Manager Curchy Checky
	Sheck No.: 2919	Title Form No. 632 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 LL 76777	Annual Report for the year 1998
1.	The name of the limited liability compa	iny is:
	Prospect Terrace, LLC	
2.	The address of the principal office of the 8 Cushing Street, Providence,	
3.	The state or other jurisdiction under the	e laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident a	agent is: SARAH T. DOWLING
	ADLER, POLLOCK & SHEEHAN 2300	D BANKBOSTON PLAZA, PROVIDENCE, RI 02903
5.	•	e limited liability company and the name or title of a person to whom 8 Cushing Street, Providence, RI 02906
		ATTN: Michael W. Joukowsky
6.		the business in which the limited liability company is actually engaged in this
7.		nagers, the name and address of each manager of the limited liability company  Address
	Michael W. Joukowsky	8 Cushing Street, Providence, RI 02906
Da	ted <u>Nov. 3</u> , 19 98	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	* 7 6 7 7 7 *  FOR SECRETARY OF STATE USE ONLY  Date: FILED	Exact Name of Limited Liability Company
Che By:	ck No.: NOV 1 2 1998  By 0c 2439	Manager Title
		Form No. LLC-19



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

### LIMITED LIABILITY COMPANY

ID	Number <u>0076777</u>	Annual Report for the year	1997
1.	The name of the limited liability company is	<b>3</b> :	
	Transce (Cirate) Ele	· · · · · · · · · · · · · · · · · · ·	
2.	The address of the principal office of the lin	nited liability company is: estminster Street, Providence, RI 02903	
3.	The state or other jurisdiction under the law	s of which it is formed is: Rhode Island	
4.	The name and address of its resident agent	tis: Sarah T. Dowling, Esq.	
		porated, 2300 Hospital Trust Tower, Provider	nce, RI 02903
5.	The current mailing address of the lim	ited liability company and the name or title of a p	erson to whom
	communications may be directed are: $c/o$	Carolan & Co., Inc., 20 Westminster St., Pr	rov., RI 0290
	Aftn:	: Michael W. Joukowsky	
6.		pusiness in which the limited liability company is actually perate, invest and manage real estate proper	
7.	If the limited liability company has mana	agers, the name and address of each manager of the	
	company Name	Address	
	Michael W. Joukowsky	8 Cushing Street, Providence, RI 02906	
			<del></del>
Da	ted 10/20 19 <u>97</u>	Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and that all statements contained herein are true and correct	statements, and
	FILED	Prospect Terrace, LLC	<del></del>
	NOV 6 1997 1 2083	Exact Name of Limited Liability Company  By  Curry  By	<u></u>
	BI_	Menker.	

ADLER POLLOCK & CYLEHAN INCO. DRIVED 2300 Hospital Tru. Providence, Rhode Isi. 023C3

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AUG 1 8 1997

To be filed annually between September 1 and November 1

# State of Rhode Island and Providence Plantations Office of the Secretary of State Corporation Division 100 North Main Street

Providence, RI 02903-1335

#### **LIMITED LIABILITY COMPANY**

LLC I.D.# 76777

Annual Report for the year 1996

FIRST:	The name of the limited liability company is: Prospect Terrace, LLC		
SECOND:	The address of the principal office of the limited liability company is:		
	c/o Carolan & Co., Inc., 20 Westminster Street, Providence, RI 02903		
THIRD:	The state or other jurisdiction under the laws of which it is formed is: Rhode Island		
FOURTH:	The name and address of its resident agent is:  Charles F. Rogers, Jr.  2700 Hospital Trust Tower, Providence, RI 02903		
FIFTH:	H: The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:  .c/o.CAROLAN & CO., INC., 20 Westminster Street, Providence, RI. 02903.  Attention: Michael W. Joukowsky, Manager		
SIXTH:	A brief statement of the character of the business in which the corporation is actually engaged in this state:  To buy, sell, own, lease, operate, invest and manage real estate properties		
Dated	1.0 / 3 19.96 PROSPECT TERRACE, LLC  Exact Name of Limited Liability Company		
File Date:	in an war		
Check No: By:	To be signed in the manner required by the home state.  Michael W. Joukowsky		
For Seci	retary of State Use Only		

# State of Rhode Island and Providence Plantations

Office of the Secretary of State Corporation Division 100 North Main Street Providence, RI 02903-1335

### LIMITED LIABILITY COMPANY

0075777 Annual Report for the year 1995	*****
: The name of the limited liability company is:	
Prospect Terrace, LLC	
The address of the principal office of the limited liability company is:	
c/o Carolan & Co., Inc.	
20 Westminster Street, Providence, RI 02903	
: The state or other jurisdiction under the laws of which it is formed is:	
Rhode Island	
: The name and address of its resident agent is:	
Charles F. Rogers, Jr.	
2700 Hospital Trust Tower, Providence, RI 02903	• • • • •
1: 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.J. Joukowsky, c./o.Carolan.&.Co., lnc	*****
20 Westminster Street, Providence, R1 02903	****
<b>i:</b> A brief statement of the character of the business in which the corporation is actually engaged in this state:	
To buy, sell, own, lease, operate, invest and manage real estate proper	tties
August 31., 19.95. Prospect Terrace, LLC	
Exact Name of Limited Liability Company	
·By Coma Chury	
Title Manager	
CX # 2713 Dro	
: :: :: :: :: :: :: :: :: :: :: :: :: :	The name of the limited liability company is:  PROSPECT TERRACE, LLC  The address of the principal office of the limited liability company is:  c/o Carolan & Co., Inc.  20 Westminster Street, Providence, RI 02903  The state or other jurisdiction under the laws of which it is formed is:  Rhode Island  The name and address of its resident agent is:  Charles F. Rogers, Jr.  2700 Hospital Trust Tower, Providence, RI 02903  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 J. Joukowsky, c/o Carolan & Co., Inc.  20 Westminster Street, Providence, RI 02903  A brief statement of the character of the business in which the corporation is actually engaged in this state:  To buy, sell, own, lease, operate, invest and manage real estate proper

\*To be signed in the manner required by the home state.