



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. 102678		2. Exact name of the limited liability company Bakeford Properties, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Commercial Real Estate Rental	
5. Principal office address 640 Ten Rod Road		City North Kingstown	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Michael L. Baker		Contact Title Member	
Street Address P.O. Box 297		City No. Kingstown	State RI
		Zip 02852	
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		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City
• Manager Name	•	•	• Manager Name
Street Address		• Street Address	
City	State	Zip	• City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L 7-16-11			
Agent Name Michael L. Baker		Address	
Address 640 Ten Rod Road		City North Kingstown	Zip 02852

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



1 0 2 6 7 8

File Date	<u>10/10/2005</u>
Check No.	<u>3291</u>
By:	<u>M. Baker</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.

Michael L. Baker 9-27-05
Signature of Authorized Person Date
Michael L. Baker
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
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. 102678		2. Exact name of the limited liability company Bakeford Properties, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL REAL ESTATE RENTAL	
5. Principal office address 640 TEN ROD ROAD		City NORTH KINGSTOWN	State RI
		Zip 02852-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MICHAEL L BAKER		Contact Title Member	
Street Address P.O. BOX 297		City NORTH KINGSTOWN	State RI
		Zip 02852-	
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) / 7-18-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Manager Name	Manager Name		
Street Address	Street Address		
City	State	Zip	City
State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name MICHAEL L. BAKER		Address 640 TEN ROD ROAD	
Address		City NORTH KINGSTOWN	Zip 02852-

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



1 0 2 6 7 8

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 9/16/04
Michael L. Baker
Print or Type Name of Authorized Person

102678 DLLC 09/15/04 09:59:39 AM	
File Date	9/17/04
Check No.	2839
By:	DA
FOR SECRETARY OF STATE USE ONLY	



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. 102678		2. Exact name of the limited liability company Bakeford Properties, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Commercial Real Estate Rental	
5. Principal office address 640 Ten Rod Road		City North Kingstown	State RI Zip 02852
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Michael L. Baker		Contact Title Member	
Street Address P.O. Box 297		City North Kingstown	State RI Zip 02852
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		*Manager Name	
Street Address		*Street Address	
City	State	Zip	City
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Michael L. Baker		Address 86 Concord Avenue	
Address 640 Ten Rod Road		City North Kingstown	Zip 02852

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



1 0 2 6 7 8

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 L. Baker Date 11/25/03

Michael L. Baker

Print or Type Name of Authorized Person

File Date	11/24/03
Check No.	2422
By:	<u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY	



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 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *102678*		2. Exact name of the limited liability company Bakeford Properties, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL REAL ESTATE RENTAL	
5. Principal office address 640 Ten Rod Road		City North Kingstown	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MICHAEL L BAKER		Contact Title .	
Street Address P.O. BOX 297		City NORTH KINGSTOWN	State RI
		Zip 02852	
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 .		Manager Name .	
Street Address .		Street Address .	
City .	State .	City .	State .
Zip .		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 MICHAEL L. BAKER		Address 640 TEN ROD ROAD	
Address .		City NORTH KINGSTOWN	Zip 02852-

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



* 1 0 2 6 7 8 *

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
3/31/03
Date

Michael L. Baker
Print or Type Name of Authorized Person

102678 DLLC3/31/0311:49:54 AM	
File Date	4-1-03
Check No.	0007
By	lup
FOR SECRETARY OF STATE USE ONLY	

Filing Fee: \$20.00

ID Number: 102678



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

STATEMENT OF CHANGE OF RESIDENT AGENT

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

1. The name of the limited liability company is:
Bakeford Properties, LLC
2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
300 Centerville Road, South Building, Suite 400, Warwick, RI 02886
3. The NEW address of the resident agent is:
640 Ten Rod Road, North Kingstown, RI 02852
4. The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
Michael L. Baker
5. The name of the NEW resident agent is:
Michael L. Baker
6. The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 10/30/02

Bakeford Properties, LLC
Print Name of Limited Liability Company

Signature of Authorized Person

FILED

OCT 31 2002

By CAH

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 102678

Annual Report for the year 2001

1. The name of the limited liability company is:

Bakeford Properties, LLC

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

300 Centerville Road-Summit South, Suite 400, Warwick, RI 02886

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: MICHAEL L. BAKER

SOUTH BUILDING 300 CENTERVILLE ROAD, SUITE 400 WARWICK RI 02886

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 L. Baker

P.O. Box 297, North Kingstown, RI 02852

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: own, acquire and Lease Commercial Real Estate

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

Name	Address
_____	_____
_____	_____
_____	_____

Dated October 25, 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.

Bakeford Properties, LLC

Exact Name of Limited Liability Company

By: [Signature]
Michael L. Baker
Member

Title

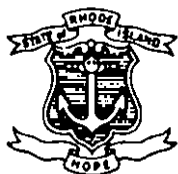
Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>12/3/01</u>
Check No.:	<u>1833</u>
By:	<u>GM</u>

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

**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

ID Number DLLC 102678

Annual Report for the year 2000

- Bakeford Properties, LLC**

- 300 Centerville Road, The Summit South - #400, Warwick, RI 02886

4. The name and address of its resident agent is: MICHAEL L. BAKER

SOUTH BUILDING 300 CENTERVILLE ROAD, SUITE 400 WARWICK RI 02886

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 L. Baker, P.O. Box 297, North Kingstown, RI 02852

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Commercial Real Estate Rental

- 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 20, 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.

Bakeford Properties, LLC

Exact Name of Limited Liability Company

By

Michael L. Baker
Member

Tide

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date:

Check No.:

By:

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 LL 102678

Annual Report for the year 1999

1. The name of the limited liability company is:

Bakeford Properties, LLC

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

300 Centerville Road, South Building-Suite 400, Warwick, RI 02886

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: MICHAEL L. BAKER

SOUTH BUILDING 300 CENTERVILLE ROAD, SUITE 400 WARWICK, RI 02886

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 L. Baker

P.O. Box 297, North Kingstown, RI 02852

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Commercial Real Estate Rental

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

Michael L. Baker

86 Concord Avenue, N. Kingstown, RI 02852

Dated September 1, 1999



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.

Bakeford Properties, LLC

Exact Name of Limited Liability Company

By Michael L. Baker

Managing Member

Title

Michael L. Baker

FOR SECRETARY OF STATE USE ONLY

File Date: 9-2-99

Check No.: 1050

By: BMF

Form No. 632
Revised 01/99