

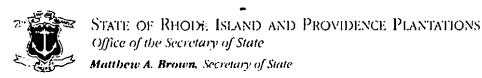
Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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. 2. Exact name of the limited liabilty company 107975 430 Privilege St., L.L.C. 4. Brief description of the character of the husiness which is actually conducted in Rhode Island 3. State of Formation TO OWN, LEASE OR ORERWISE DEAL IN REAL ESTATE RHODE ISLAND State 5. Principal office address RI WOONSOCKET 02895 430 PRIVILEGE STREET 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name MEMBER LUCIEN A MICHAUD 7.ip Street Address Cin State WOONSOCKET RI 02895-430 PRIVILEDGE ST. 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) \square ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name NONE · Street Address Street Address State Ciny. State Zip ·Cin Manager Name Manager Name Street Address ·Sireci Address State State City 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address Agent Name P.O. BOX 119 EDWARD E. DILLON, JR. City Zip Address SLATERSVILLE 02876

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

1 0 7 9 7 5	Under penalty of perjury, I dyclare and affirm that I have examined this report, including any accompanying sepepules and statements,
107975 DLLC 09/07/05 11:00:01 AM	and that all suterments contained herein and true and correct.
Check No.	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Lucien A. Michaud Print or Typic Name of Authorized Person Form 632 Rev. 6/02



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 TYPED OR PRINTED IN BIACK) 1. ID No. 2. Exact name of the limited hability company 430 Privilege St., L.L.C. 3. State of Formation 4. Brief description of the character of the husiness which is actually conducted in Rhode Island. TO OWN, LEASE OR OHERWISE DEAL IN REAL ESTATE **RHODE ISLAND** 5 Principal office address State 02895 430 Privilege Street Woonsocket RI 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Lucien A. MIchaud Member Street Address City State 02895 RI 430 Privilege Street Woonsocket 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 None Street Address Simil Addness State Manager Name Manager Name Street Address Street Address State Zip State Zip 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address Agent Name

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

CHY

747 VICTORY HIGHWAY

SLATERSVILLE

File Date	15/04
Check No.	1022
Ву:	
EUB ZEUR	PETARY OF STATE LISE ONLY

EDWARD E. DILLON, JR.

Address

P.O. BOX 119

Under penalty of perjury, Indeeding and aff	Tirm that Unave examined this report,
including any accompanying schedules an contained herein are true and gorrect.	d statements, and that all statements,
May 1 h	PILON
Signature of Authorized Person	Date
/Lucien A. MIchaud,	Member

Print or Type Name of Authorized Person

Z.p



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corp. rations Diesson 100 North Main Street Providence, RI 92903-1335 461-222 3040

101 2-2 30 **10**

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _____ Filing Period: September 1 - November 1 • Filing Fee: \$50.00

2003

(FORM MUST BE TYPEL	OOR PRINTED IN BI.	ACK)				
1 ID No. 2 Exact name of the limited habitate company. 107975 430 Privilege St., L.L.C.						
3 Mate of Formation	_ <u>↓</u>		r of the business which is actually con-	ducted in Rhyde Island	_	
RHODE ISLAND	то оч	N, LEASE OR OHER	RWISE DEAL IN REAL ESTATE			
5. Pem, ipol office addre	NS.		Gl1	Sto	ite	Zφ
	lege Stree Ess of Limited		Woons NY AND NAME OR TITLE OF	socket CONTACT PERSON:	RI	02895
Contact Name			Contact Title			
Lucien A.	Michaud _		Membe	r		
Street Address			Gity	Na	ite	Zqp
430 Privil	lege Stree	t	Woons	socket	RI	02895
A.S.			E USING ATTACHMENTS (" REQUIRES FILING OF AMEN Manager Name	'X" BOX FOR ATTAC NDMENT, R.I.G.L. 7-1		
None						
Street Address			Street Address			
Ca_{Γ}	State	Zip	$GH_{\mathbb{F}}$	Sta	ite	Zip
Manager Name	••••••		Manager Name	•••••••••••	• • • • • • • • • • • • • • • • • • • •	••••••
Street Address	· .		Street Address			
Cit)	Male	Zφ	City	Ste	ite.	Zψ
8. RESIDENT AGES	NT IN RHODE IST	AND - DO NOT AL	TER - Changes require filing	g of Form 642 - R.L.	G.L. 7-16-	11
Agent Name			Address			
EDWARD E. DILLON,	, JR.		747 VICTOR	Y HIGHWAY		
Address P.O. BOX 119			c.m SLATERSVII	SLATERSVILLE Zap 02876		
		•				

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

	 *	1 (9	7	5	*
File Date		26 TT	-03 99				
By:	- PR SECRET	ary of s	₹ TATE USE (— ONLY			

Under nearly of persury 1 doble	ue and affirm that	I have examined this report
Under penalty of perjury, I dock an lumber any accompanying of contained herein are true and co	iedules and staten rrect	nents, and that all statements.
× liku / 2		9-25-03
Synature of Authorized Person	Da	te
Ingien A Mich	and Mam	haw

Print or Type Name of Authorized Person



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) 2. Exact name of the limited liabilty company 1 ID No 107975 430 Privilege St., L.L.C. 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation TO OWN, LEASE OR OHERWISE DEAL IN REAL ESTATE **RHODE ISLAND** State 5. Principal office address 430 PRIVILEGE STREET WOONSOCKET RI 02895 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON. Contact Title **MEMBER** LUCIEN A. MICHAUD Street Address City State 430 PRIVILEGE STREET ·WOONSOCKET RI 02895 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 Manuger Name · Manager Name NONE Street Address · Street Address 7.ip State City State Zip Manager Name Manager Name Street Address Sircei Address City State Zip State City Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filling of Form 642 - R.I.G.L., 7-16-11 tgent Name Address EDWARD E. DILLON, JR. 747 VICTORY HIGHWAY Address City Żιρ SLATERSVILLE P.O. BOX 119 02876

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



File Date 9-17-02
Check No. 274
8y: 2c
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

LUCIEN A. MICHAUD, MEMBER

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

- Do

LIMITED LIABILITY COMPANY

D	Number DLLC 10/9/5	Annual Report for the year 2001
1.	The name of the limited liability compa	any is:
	430 Privilege St., L.L.C.	
2.	The address of the principal office of t	the limited liability company is:
	430 Privilege Street,	Woonscoket, RI 02895
3.	The state or other jurisdiction under the	ne laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident	agent is: EDWARD E. DILLON, JR.
	747 VICTORY HIGHWAY P.O. BOX	119 SLATERSVILLE RI 02876
5.	The current mailing address of the lim	nited liability company and the name or title of a person to whom communications
		vilege Street, Woonsocket, RI 02895 A. Mexicology Michael
6. 7.	state: To own, lease, or	f the business in which the limited liability company is actually engaged in this otherwise deal in real estate nagers, the name and address of each manager of the limited liability company Address
	NONE	
Da	ted1 0 7 9 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 confect. 430 Privilege Street, LLC Exact Name of Limited Liability Company
ile	FOR SECRETARY OF STATE USE ONLY Date:	By Cleur, hal
	· · · · · · · · · · · · · · · · · · ·	Lucien A. Menarra Michaud Title
3y:	ck No.: 22.9	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 107975

Annual Report for the year 2000

1.	The name of the limited liability company is:							
	430 Privilege St., L.L.C.							
2.	The address of the principal office of the limited liability company is:							
	430 Privilege Street, Woonsocket, RI 02895							
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: EDWARD E. DILLON, JR.							
	747 VICTORY HIGHWAY P.O. BOX 119 SLATERSVILLE RI 02876							
5.	The current mailing address of the limited liability company and the name or title of a person to whom communication							
-,	may be directed are: 430 Privilege Street, Woonsocket, RI 02895							
	Lucien A. Michaud							
_								
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in thi							
	state: To own, lease or otherwise deal in real estate.							
7. If the limited liability company has managers, the name and address of each manager of the limited liability comp **Real Process** **Address** **Address** **Address** **Address** **Process** **Address** **Address**								
Da	Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.							
	430 Privilege St., L.L.C.							
	1 0 7 9 7 5 Exact Name of Limited Liability Company							
	FOR SECRETARY OF STATE USE ONLY							
File	Date: 9-15-1							
Che	ck No.: 757 Eucien A. Michaud, Member							
By:	$\rho \sim r$ Form No. 632							