



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. 107975		2. Exact name of the limited liability company 430 Privilege St., L.L.C.	
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 OR OTHERWISE DEAL IN REAL ESTATE	
5. Principal office address 430 PRIVILEGE STREET		City WOONSOCKET	State RI
		Zip 02895	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name LUCIEN A MICHAUD		Contact Title MEMBER	
Street Address 430 PRIVILEGE ST.		City WOONSOCKET	State RI
		Zip 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) <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 NONE		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
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 EDWARD E. DILLON, JR.		Address P.O. BOX 119	
Address		City SLATERSVILLE	Zip 02876

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



1 0 7 9 7 5

107975 DLLC 09/07/05 11:00:01 AM

File Date 9/15/05

Check No. 1078

By: gmd

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

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. 107975		2. Exact name of the limited liability company 430 Privilege St., L.L.C.			
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5. Principal office address 430 Privilege Street		City Woonsocket	State RI	Zip 02895	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Lucien A. Michaud		Contact Title Member			
Street Address 430 Privilege Street		City Woonsocket	State RI	Zip 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) <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 None		Manager Name			
Street Address		Street Address			
City	State	Zip	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 EDWARD E. DILLON, JR.		Address 747 VICTORY HIGHWAY			
Address P.O. BOX 119		City SLATERSVILLE	Zip 02876		

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



* 1 0 7 9 7 5 *

File Date	9/15/04
Check No.	1022
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

Lucien A. Michaud, Member

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 02903-1535
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. 107975		2. Exact name of the limited liability company 430 Privilege St., L.L.C.	
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 OR OTHERWISE DEAL IN REAL ESTATE	
5. Principal office address 430 Privilege Street		City Woonsocket	State RI
		Zip 02895	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Lucien A. Michaud		Contact Title Member	
Street Address 430 Privilege Street		City Woonsocket	State RI
		Zip 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) <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 None		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 EDWARD E. DILLON, JR.		Address 747 VICTORY HIGHWAY	
Address P.O. BOX 119		City SLATERSVILLE	Zip 02876

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



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File Date	9-26-03
Check No	7799
By	de
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.

Lucien A. Michaud
Signature of Authorized Person
Date **9-25-03**
Lucien A. Michaud, Member
Print or Type Name of Authorized Person

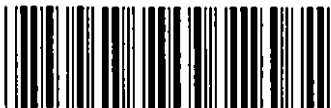
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR
2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 107975		2. Exact name of the limited liability company 430 Privilege St., L.L.C.	
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 OR OTHERWISE DEAL IN REAL ESTATE	
5. Principal office address 430 PRIVILEGE STREET		City WOONSOCKET	State RI
		Zip 02895	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name LUCIEN A. MICHAUD		Contact Title MEMBER	
Street Address 430 PRIVILEGE STREET		City WOONSOCKET	State RI
		Zip 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) <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 NONE		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 EDWARD E. DILLON, JR.		Address 747 VICTORY HIGHWAY	
Address P.O. BOX 119		City SLATERSVILLE	Zip 02876

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



* 1 0 7 9 7 5 *

File Date
9-17-02

Check No.
274

By:
[Signature]

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]

Signature of Authorized Person

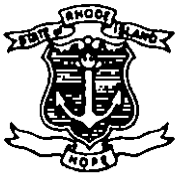
Date

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

LIMITED LIABILITY COMPANY

ID Number DLLC 107975

Annual Report for the year 2001

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 communications may be directed are: 430 Privilege Street, Woonsocket, RI 02895

Lucien A. Menard Michaud

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, 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 company

Name

Address

NONE

Dated _____



1 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 correct.

430 Privilege Street, LLC

Exact Name of Limited Liability Company

By _____

Lucien A. Menard Michaud

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-21-01

Check No.: 229

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 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 communications 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 this 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 company

Name	Address
_____	_____
_____	_____
_____	_____

Dated 9/13/00



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.

430 Privilege St., L.L.C.

Exact Name of Limited Liability Company

By

Lucien A. Michaud, Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-15-00

Check No.: 757

By: AMF

Form No. 632
Revised 01/99