



2005

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 BLACK)

1. ID No. 98278		2. Exact name of the limited liability company VT Property Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE & PERSONAL PROPERTY			
5. Principal office address 61 LEDGE ROAD UNIT G		City Newport	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Stephen Lewinstein			Contact Title member		
Street Address 61 LEDGE ROAD UNIT G		City Newport	State RI	Zip 02840	
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	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 DAVID J. TRACY			Address		
Address ONE FINANCIAL PLAZA, SUITE 1800			City PROVIDENCE	Zip 02903	

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



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 Date: 10-31-05 *98278*

Check No.: 2309

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person: Stephen Lewinstein
 Date: 10-24-05

Print or Type Name of Authorized Person: Stephen Lewinstein



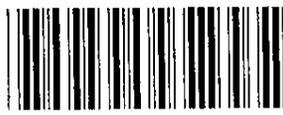
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 98278		2. Exact name of the limited liability company VT Property Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE & PERSONAL PROPERTY			
5. Principal office address 61 LEDGE ROAD UNIT G		City Newport	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Stephen LewinSTEIN			Contact Title Member		
Street Address 61 LEDGE ROAD UNIT G		City Newport	State RI	Zip 02840	
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	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 DAVID J. TRACY			Address		
Address ONE FINANCIAL PLAZA, SUITE 1800			City PROVIDENCE	Zip 02903	

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



* 9 8 2 7 8 *

File Date 10/25/04
Check No. 2204
By: CS.
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.

Stephen R LewinSTEIN 10-18-04
Signature of Authorized Person Date
Stephen R LewinSTEIN
Print or Type Name of Authorized Person



2003

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 BLACK)

1. ID No. 98278		2. Exact name of the limited liability company VT Property Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE & PERSONAL PROPERTY			
5. Principal office address 61 LEDGE ROAD		City Newport	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Stephen R Lewinstein		Contact Title MEMBER			
Street Address PO Box 2431		City BOSTON	State MA	Zip 02208	
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	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 DAVID J. TRACY		Address			
Address ONE FINANCIAL PLAZA, SUITE 1800		City PROVIDENCE	Zip 02903		

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
OCT 23 11 51 AM '03

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



* 9 8 2 7 8 *

FILED

File Date OCT 23 2003
Check No. BY [Signature] [Signature]
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] 10-15-03
Signature of Authorized Person Date
 Stephen R Lewinstein
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. 98278		2. Exact name of the limited liability company VT Property Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE & PERSONAL PROPERTY	
5. Principal office address 61 Ledge Road		City Newport	State RI
		Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Stephen R. Lewinstein		Contact Title Member/Manager	
Street Address P.O. Box 2431		City Boston	State MA
		Zip 02208	
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 Stephen R. Lewinstein		• Manager Name	
Street Address P.O. Box 2431		• Street Address	
City Boston	State MA	Zip 02208	• City
• State		• State	
• Zip		• Zip	
• Manager Name		• Manager Name	
• Street Address		• Street Address	
• City	• State	• Zip	• City
• State		• 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 DAVID J. TRACY		Address	
Address ONE FINANCIAL PLAZA, SUITE 1800		City PROVIDENCE	Zip 02903

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



* 9 8 2 7 8 *

FILED
File Date
OCT 15 2002
Check No.
By: <u>Ac 2008</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.

Stephen R. Lewinstein / 10-5-02
Signature of Authorized Person Date

Stephen R. Lewinstein, Manager/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 98278

Annual Report for the year 2001

1. The name of the limited liability company is:

VT Property Associates, LLC

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

61 Ledge Road, Newport, RI 02840

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: DAVID J. TRACY, ESQ.

MCGOVERN NOEL & BENIK, INC. ONE BANKBOSTON PLAZA 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:

Steven R. Lewinstein

P.O. Box 2431

Boston, MA 02208

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To acquire, develop, manage, improve, hold, operate, lease and sell real and personal property.

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

Stephen R. Lewinstein

P.O. Box 2431, Boston, MA 02208

Dated August 31, 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.



9 8 2 7 8

VT Property Associates, LLC

Exact Name of Limited Liability Company

By

Stephen R. Lewinstein

Manager/Member

Title

FOR SECRETARY OF STATE USE ONLY
FILED

File Date:

SEP 12 2001

Check No.:

By:

By SC 80
CF # 1926

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 98278

Annual Report for the year 2000

1. The name of the limited liability company is:

VT Property Associates, LLC

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

61 Ledge Road, Newport, RI 02840

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: DAVID J. TRACY, ESQ.

MCGOVERN NOEL & BENIK, INC. ONE BANKBOSTON PLAZA 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: Stephen R. Lewinstein

P.O. Box 2431
Boston, MA 02208

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To acquire, develop, manage, improve, hold, operate, lease and sell real and personal property.

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

Name

Address

Stephen R. Lewinstein

P.O. Box 2431, Boston, MA 02208

Dated September 28, 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.



VT Property Associates, LLC

Exact Name of Limited Liability Company

By *Stephen R. Lewinstein*
Stephen R. Lewinstein
Manager/Member

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10/31/2000</u>
Check No.:	<u>1847</u>
By:	<u>gjb</u>

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 98278

Annual Report for the year 1999

1. The name of the limited liability company is:

VT Property Associates, LLC

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

61 Ledge Road, Newport, RI 02840

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: DAVID J. TRACY, ESQ.

MCGOVERN NOEL & BENIK, INC. ONE BANKBOSTON PLAZA 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:

Stephen R. Lewinstein

P.O. Box 2431

Boston, MA 02208

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To acquire, develop, manage, improve, hold, operate, lease and sell real and personal property.

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

Name

Address

Stephen R. Lewinstein

P.O. Box 2431, Boston, MA 02208

Dated July 23, 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.



* 9 8 2 7 8 *

VT Property Associates, LLC

Exact Name of Limited Liability Company

By Stephen R. Lewinstein
Stephen R. Lewinstein
Manager/Member

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	
Check No.:	<u>LL 26 2000</u>
By:	<u>[Signature]</u>

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 98278

Annual Report for the year 1998

1. The name of the limited liability company is:

VT Property Associates, LLC

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

61 Ledge Road, Newport, RI 02840

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: DAVID J. TRACY, ESQ.

MCGOVERN NOEL & BENIK INC., ONE BANKBOSTON PLAZA, 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:

Stephen R. Lewinstein
P.O. Box 2431
Boston, MA 02208

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To acquire, develop, manage, improve, hold, operate, lease and sell real and personal property.

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

Name

Address

Stephen R. Lewinstein

P.O. Box 2431, Boston, MA 02208

Dated October 15, 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.



VT Property Associates, LLC

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

File Date:

FILED

Check No.:

OCT 25 1998

By:

cc 258

By: *Stephen R. Lewinstein*

Stephen R. Lewinstein
Manager/Member

Title

Form No. LLC-19
Revised 8/97