



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. 111880		2. Exact name of the limited liability company Gooding Business Space, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP, DEVELOPMENT AND MANAGEMENT OF REAL PROPERTY			
5. Principal office address 97 BROADCOMMON RD.		City BRISTOL	State RI Zip 02806-		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name W. BARRETT HOLBY JR. Contact Title MEMBER					
Street Address 97 BROADCOMMON RD.		City BRISTOL	State RI Zip 02806-		
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 STEVEN M. MCINNIS, ESQ.			Address 38 BELLEVUE AVENUE		
Address			City NEWPORT	Zip 02840-	

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



1 1 1 8 8 0

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
9/23/05

W. BARRETT HOLBY, JR.
Print or Type Name of Authorized Person

111880 DLLC 09/01/05 01:38:02 PM
File Date 11-14-05
Check No. 12417
By CXC
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 02903-1517
401-222-3000

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. 111880		2. Exact name of the limited liability company: Gooding Business Space, LLC	
3. State of formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP, DEVELOPMENT AND MANAGEMENT OF REAL PROPERTY	
5. Principal office address 97 Broadcommon Road		City Bristol	State RI
		Zip 02806	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name W. Barrett Holby, Jr.		Contact Title Member	
Street Address 97 Broadcommon Road		City Bristol	State RI
		Zip 02806	
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 STEVEN M. MCINNIS		Address	
Address 38 BELLEVUE AVENUE		City NEWPORT	Zip 02840

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



* 1 1 1 8 8 0 *

File Date	12/20/04
Check No	12084
By	W.
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 W. Barrett Holby, Jr. Date 10/20/04
Print or Type Name of Authorized Person W. BARRETT HOLBY, JR.



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. *111880*		2. Exact name of the limited liability company Gooding Business Space, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP, DEVELOPMENT AND MANAGEMENT OF REAL PROPERTY	
5. Principal office address 97 BROADCOMMON RD.		City BRISTOL	State RI
		Zip 02806-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name W. BARRETT HOLBY JR.		Contact Title	
Street Address 97 BROADCOMMON RD.		City BRISTOL	State RI
		Zip 02806-	
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	Zip	Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip	Zip	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 STEVEN M. MCINNIS		Address 38 BELLEVUE AVENUE	
Address		City NEWPORT	Zip 02840-

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



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111880 DLLC7/31/034:38:32 PM	
File Date	11/20/03
Check No.	11559
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 of Authorized Person
Date 10/8/03
W. Barrett Holby, Jr.
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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)

1. ID No. *111880*		2. Exact name of the limited liability company Gooding Business Space, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP, DEVELOPMENT AND MANAGEMENT OF REAL PROPERTY	
5. Principal office address 97 BROADCOMMON RD.		City BRISTOL	State RI
		Zip 02806-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name W. BARRETT HOLBY JR.		Contact Title Member	
Street Address 97 BROADCOMMON RD.		City BRISTOL	State RI
		Zip 02806-	
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	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 STEVEN M. MCINNIS		Address 38 BELLEVUE AVENUE	
Address		City NEWPORT	Zip 02840-

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



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FILED
111880 DLLC821027 12 PM*
File Date
Check No.
OCT 07 2002
By: CC 10847
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

8/4/02
Date

W. Barrett Holby, Jr.
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 111880

Annual Report for the year 2001

1. The name of the limited liability company is:
Gooding Business Space, LLC
2. The address of the principal office of the limited liability company is:
97 Broadcommon Road, Bristol, RI 02806
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: STEVEN M. MCINNIS
38 BELLEVUE AVENUE NEWPORT RI 02840
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: W. Barrett Holby, Jr.
97 Broadcommon Road
Bristol, RI 02806
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Ownership, development and management of real property.
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>N/A</u>	

Dated 4-18-02



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.

GOODING BUSINESS SPACE, LLC

Exact Name of Limited Liability Company

By W. Barrett Holby, Jr.

W. Barrett Holby, Jr., Member

Title

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 obtained by contacting this office at 401-222-3040.

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>4-19-02</u>
Check No.:	<u>10669</u>
By:	<u>W</u>