

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 liability company 111880 Gooding Business Space, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP, DEVELOPMENT AND MANAGEMENT OF REAL PROPERTY RHODE ISLAND 5. Principal office uddress City State 97 BROADCOMMON RD. BRISTOL RI 02806-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title W. BARRETT HOLBY JR. .MEMBER Street Address City State Zip 97 BROADCOMMON RD. BRISTOL RI 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) 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 · Sireei Address City State Zip ·City State 7.ip Manager Name Manager Nome Street Address ·Street Address City State Zip Siaic 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.Gl., 7-16-11 Address STEVEN M. MCINNIS, ESQ. 38 BELLEVUE AVENUE Address City Zip NEWPORT 02840-

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



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FOR SECRET	ARY 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.

(Wisherson)

Signature of Authorized Person

W. BARRETT HOLBY, JR.

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 Duision 190 North Main Street Providence, 8F92903-7333 401 222 30 a

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) L ID Vo 2 Exact name of the landed hability company .11.1880 Gooding Business Space, LLC 5 State of Formation Brief description of the character of the business amon is actually contracted in Rhode Island RHCDE ISLAND OWNERSHIP, DEVELOPMENT AND MANAGEMENT OF REAL PROPERTY 5. Principal office address $C_{i}(t)$ State 97 Broadcommon Road Bristo1 RI 02806 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: W. Barrett Holby, Jr. Member Sirver Address €#r Mate 97 Broadcommon Road Bristol RI02806 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 Januger Name street Address Street Address Z.p State 7:5 Harrager Name Street Address street Address State Stette 1.92 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Igent Name sidress STEVEN M. MC:NNIS dutros 7:0 38 BELLEVUE AVENUE NEWPORT 02840

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



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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 ail statements. contained herein are true and correct.

W. BARRETT HOLBY, JR.

Print or Type Name of Authorized Person

0/30/04



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

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111880*	Gooding Busines	s Space, LLC			
. State of Formation	4. Brief descrip	otion of the character of t	he business which is actually conduct	ed in Rhode Island	. <u> </u>
RHODE ISLAND	OWNERSHII	P, DEVELOPMENT A	ND MANAGEMENT OF REAL I	PROPERTY	
Principal office addr BROADCOMMO			City	State	Zip
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O. MAILING ADD	RESS OF LIMITED	LIABILITY COMP	ANY AND NAME OR TITLE	OF CONTACT PE	RSON:
	OLBY JR.		Contact Title		
irees Address			City	State	17:-
7 BROADCOMMOI	N RD.		BRISTOL	RI	<i>Zip</i> 02806-
NAME AND AD	DRESS OF EACH M	IANAGER OF THE	LIMITED LIABILITY CON	MPANY, IF APPLIC	
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anager Name	ANY MODIFICATIONS	TU MANAGERS REQ	UIRES FILING OF AMENDMENT.	R.I.G.L 7-16-12 (a) (2)	/ 7-16-52
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fanager Name			Manager Name	• • • • • • • • • • •	• • • • • J • • • • • • • • •
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RESIDENT AGEN	NT IN RHODE ISLAN	D-DO NOT ALTER- C	hanges require filing of F	orm 642 - R.I.GL.	7-16-11
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STEVEN M. MCIN		D-DO NOT ALTER- C	Address 38 BELLEVUE AV		7-16-1)
STEVEN M. MCIN		D -DO NOT ALTER- C	38 BELLEVUE AV	VENUE	7-16-11 Zip
STEVEN M. MCIN		D -DO NOT ALTER- C	Address 38 BELLEVUE AV	VENUE	
STEVEN M. MCIN	NNIS		38 BELLEVUE AV	VENUE	Zip
STEVEN M. MCIN	signed in ink by and 1 1 1 8 8		Address 38 BELLEVUE AV City NEWPORT Dursuant to 7-16-66. Under penalty of puthis report, including	VENUE	firm that I have examined schedules and statements.
his report must be	signed in ink by and 1 1 1 8 8		Address 38 BELLEVUE AV City NEWPORT Dursuant to 7-16-66. Under penalty of puthis report, including	erjury, I declare and afing any accompanying sents contained herein a	firm that I have examined schedules and statements.



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

	YPED OR PRINTED IN BL					
1. ID No. *111880*	2. Exact name of the li	2. Exact name of the limited liability company Gooding Business Space, LLC				
3. State of Formation RHODE ISLAN	OWNERSHI	ption of the character of t	he business which is actually conduc ND MANAGEMENT OP REAL	ted in Rhode Island PROPERTY		
5. Principal office address 97 BROADCOMMON RD.			City BRISTOL	Siate R I	<i>Zip</i> 02806 -	
6. MAILING AD	DRESS OF LIMITED	LIABILITY COMP	ANY AND NAME OR TITL	E OF CONTACT PER	SON:	
Contact Name W. BARRETT	HOLBY JR.		Contact Title Member			
Street Address 97 BROADCOMM	ON RD.		City BRISTOL	State RI	Zip 02806-	
7. NAME AND A	DDRESS OF EACH N	IANAGER OF THE	LIMITED LIABILITY CO	l "	1	
	FILL INS	PACES BEFORE USIN	G ATTACHMENTS ("X" BOX UIRES FILING OF AMENDMENT	(FOR ATTACHMENT)		
Manager Name None			· Manager Name	(2) (2)		
Street Address		* Street Address				
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			· Street Address		 	
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City	State	Zip	City	State	Zip	
8. RESIDENT AG			•			
8. RESIDENT AG	ENT IN RHODE ISLAN		City hanges require filling of			
8. RESIDENT AGI Igeni Name STEVEN M. MC	ENT IN RHODE ISLAN		hanges require filing of	Form 642 - R.I.GL. 7-1		
8. RESIDENT AGI Agent Name STEVEN M. MC	ENT IN RHODE ISLAN		hanges require filing of	Form 642 - R.I.GL. 7-1	6-11	

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

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111880D	TTC81175 EPS bW.
Check No	DCT 0 7 2002
By:	PARY OF STATE USE 6NLY
Side Baine Check Note:	OCT 07 2002 By U 1047

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.

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

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D N	umber	DLLC	111880
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Annual Report for the year 2001

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1.	The name of the limited liability compa	ny is:
	Gooding Business Space, LLC	
2.	The address of the principal office of the	ne limited liability company is:
	97 Broadcommon Road, Br	istol, RI 02806
3.	The state or other jurisdiction under the	e laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident a	agent is: STEVEN M. MCINNIS
	38 BELLEVUE AVENUE NEWPORT F	RI 02840
5.	The current mailing address of the limit	ted liability company and the name or title of a person to whom communication
	may be directed are: W. Barrett	Holby, Ir.
	97 Broadcom Bristol, RI	mon Road
	Bilstol, Rt	02806
6.	A brief statement of the character of	the business in which the limited liability company is actually engaged in this
		and management of real property.
7.	If the limited liability company has mana Name N/A	agers, the name and address of each manager of the limited liability company **Address** Address Add
Dat	ed 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
File l	FOR SECRETARY OF STATE USE ONLY Date: 4-902	By W. Sanda Holy
Chec	Date: 4-902 k No.: 1066 9	W. Barrett Holby, Jr., Member
By:	7000 (Ze	Title Form No. 632 Revised 01/99

DETACH BOTTOM BEFORE RETURNING