



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

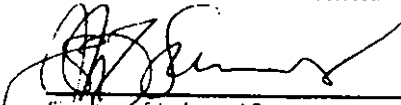
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No 133380		2. Exact name of the limited liability company RSM State LLC	
3. State of Formation Maryland		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Development	
5. Principal office address 1040 Hull Street, Suite 200		City Baltimore	State Maryland
		Zip 21230	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Carl W. Struever		Contact Title	
Street Address 1040 Hull Street, Suite 200		City Baltimore	State Maryland
		Zip 21230	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS 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 Rising Sun Mills LLC		Manager Name	
Street Address 1040 Hull Street, Suite 200		Street Address	
City Baltimore	State Maryland	Zip 21230	
Manager Name		Manager Name	
Street Address		Street Address	
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 CT Corporation System		Address	
Address 10 Weybosset Street		City Providence	Zip 02903

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	FILED
Check No.	JUL 14 2006
By:	By AOR 58-01406
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 **7-13-06**
Joseph F. Summers
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 Div's
100 North Main St
Providence, RI 02903-11
401.222.31

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 133380		2. Exact name of the limited liability company RSM State LLC			
3. State of Formation MARYLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE DEVELOPMENT			
5. Principal office address 1040 HULL STREET, SUITE 200		City BALTIMORE		State MD	Zip 21230
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: CARL W. STEWART Contact Title:					
Street Address 1040 HULL STREET, SUITE 200		City BALTIMORE		State MD	Zip 21230
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 RISING SUN MILLS LLC			Manager Name		
Street Address 1040 HULL STREET, SUITE 200			Street Address		
City BALTIMORE	State MD	Zip 21230	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 BARRY PRESTON			Address		
Address 1570 WESTMINSTER STREET			City PROVIDENCE	Zip 02909	

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



* 1 3 3 3 8 0 *

File Date: 11/12/04
Check No.: 6820318
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 of Authorized Person

Date

11/5/04

CHARLES M. ECCLES
Print or Type Name of Authorized Person