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	*2. Exact name of the limited liability company*
133380	RSM State LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
Maryland	Real Estate Development

5. Principal office address	*City*	*State*	*Zip*
1040 Hull Street, Suite 200	Baltimore	Maryland	21230

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
Carl W. Struever	

Street Address	*City*	*State*	*Zip*
1040 Hull Street, Suite 200	Baltimore	Maryland	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	*Manager Name*
Rising Sun Mills LLC	
Street Address	*Street Address*
1040 Hull Street, Suite 200	
City / *State* / *Zip*	*City* / *State* / *Zip*
Baltimore / Maryland / 21230	
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	*Address*		
CT Corporation System			
Address	*City*	*Zip*	
10 Weybosset Street	Providence	02903	

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

[redacted] [redacted]

File Date FILED
Check No. JUL 14 2006
By: By ACR 58-07/14/06
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.

[redacted] *Signature of Authorized Person* *Date* 7-13-06

[redacted] Joseph F. Summers
Print or Type Name of Authorized Person

Form 632 Rev. 12/05

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Divis
100 North Main St
Providence, RI 02903-1;
401.222.3(

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	2. Exact name of the limited liability company
133380	RSM State LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
MARYLAND	REAL ESTATE DEVELOPMENT

5. Principal office address	City	State	Zip
1040 HULL STREET, SUITE 200	BALTIMORE	MD	21230

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
CARL W. STEWERT	

Street Address	City	State	Zip
1040 HULL STREET, SUITE 200	BALTIMORE	MD	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	Street Address	City	State	Zip
RISING SUN MILLS LLC	1040 HULL STREET, SUITE 200	BALTIMORE	MD	21230

Manager Name	Street Address	City	State	Zip

Manager Name	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	Address	City	Zip
BARRY PRESTON	1570 WESTMINSTER STREET	PROVIDENCE	02909-

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

[redacted]

* 133380 *

[redacted]

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.

11/5/04
Signature of Authorized Person *Date*

CHARLES M. ECCLES
Print or Type Name of Authorized Person

[redacted]

File Date 11/12/04
Check No. 6820318
By: D.
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 7/03