



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 <b>90281</b>		2. Exact name of the limited liability company <b>545 P Associates, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>BUYING, SELLING, LEASING AND RENTING OF REAL ESTATE.</b>			
5. Principal office address <b>545 Pawtucket Avenue</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Robert Ball</b>			Contact Title <b>Partner</b>		
Street Address <b>545 Pawtucket Avenue</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
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 <b>Robert Ball</b>			Manager Name		
Street Address <b>121 Reynolds Avenue</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	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 <b>JOSEPH A. CAPINERI</b>			Address		
Address <b>266 DEXTER STREET</b>			City <b>PAWTUCKET</b>	Zip <b>02860</b>	

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



File Date	<b>11/28/05</b>	*90281*
Check No.	<b>350</b>	
By:	<b>DA</b>	
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]* **11/28/05**  
Signature of Authorized Person Date  
**Robert M. Ball**  
Print or Type Name of Authorized Person



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2009

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>90281</b>		2. Exact name of the limited liability company <b>545 P Associates, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>The renting of space to commercial tenants.</b>			
5. Principal office address <b>545 Pawtucket Avenue</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Robert Ball</b>			Contact Title <b>Partner</b>		
Street Address <b>545 Pawtucket Avenue</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
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 <b>Robert Ball</b>			Manager Name		
Street Address <b>121 Reynolds Avenue</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	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 <b>Joseph Capineri</b>			Address		
Address <b>266 Dexter</b>			City <b>Pawtucket</b>	Zip <b>02860</b>	

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.

Stuart A. Ball 12/31/2009  
Signature of Authorized Person Date

Stuart A. Ball  
Print or Type Name of Authorized Person

File Date	<u>12/31/09</u>
Check No.	<u>2921</u>
By:	<u>AMF</u>
FOR SECRETARY OF STATE USE ONLY	



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

Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3640

**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 <b>90281</b>		2. Exact name of the limited liability company <b>545 P Associates, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Renting space to commercial tenants.</b>			
5. Principal office address <b>545 Pawtucket Avenue</b>		City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Robert Ball</b>		Contact Title <b>Manager</b>			
Street Address <b>545 Pawtucket Avenue</b>		City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	
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 <b>Robert Ball</b>		Manager Name :			
Street Address <b>121 Reynolds Avenue</b>		Street Address :			
City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>	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 <b>Joseph Capineri</b>		Address :			
Address <b>266 Dexter</b>		City <b>Pawtucket</b>	Zip <b>02860</b>		

**FILED**

JAN 07 2004

By lmc C15973

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

Filing Date _____
Check No _____
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

Robert M. Ball 1/5/04  
Signature of Authorized Person Date  
Robert M. Ball  
Printer 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. 90281		2. Exact name of the limited liability company 545 P Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BUYING, SELLING, LEASING AND RENTING OF REAL ESTATE.	
5. Principal office address 545 Pawtucket Avenue		City Pawtucket	State RI
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joseph A. Capineri		Contact Title Registered Agent	
Street Address 266 Dexter Street		City Pawtucket	State RI
		Zip 02860	
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 Robert Ball		*Manager Name	
Street Address 121 Reynolds Avenue		*Street Address	
City Rehobeth	State MA	Zip 02769	*City .
*Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City .
*Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City .
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOSEPH A. CAPINERI		Address	
Address 266 DEXTER STREET		City PAWTUCKET	Zip 02860

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



\* 9 0 2 8 1 \*

File Date: 10-11-02  
Check No.: 1827  
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] 10/9/02  
Signature of Authorized Person Date

ROBERT BALL

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 90281

Annual Report for the year 2001

1. The name of the limited liability company is:

545 P Associates, LLC

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

P.O. Box 3004 Pawtucket, RI 02861

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: JOSEPH A. CAPINERI

266 DEXTER STREET PAWTUCKET RI 02860

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: Robert M. Ball P.O. Box 3004, Pawtucket, RI 02861

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Rental Real Estate

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

Name

Address

Dated \_\_\_\_\_



9 0 2 8 1

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.

545 P. Assoc. LLC

Exact Name of Limited Liability Company

By

Robert M. Ball

Partner

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10-31-01

Check No.: 1182

By: [Signature]

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 90281

Annual Report for the year 2000

1. The name of the limited liability company is:

545 P Associates, LLC

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

290 Westminster Street, Providence, Rhode Island 02903

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: JOSEPH A. CAPINERI

288 DEXTER STREET PAWTUCKET RI 02880

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:

290 Westminister Street, Providence, Rhode Island 02903, c/o Metro Properties, Inc.

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state:

Buying, Selling, Leasing, and Renting of Real Estate

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

Name

Address

Metro Properties, Inc.

290 Westminister Street, Providence,

Rhode Island, 02903

Dated

11/10/2000

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.



545 P Associates, LLC

Exec Name of Limited Liability Company

By

Robert M. Ball

Title

Form No. 832 Revised 01/99

FOR SECRETARY OF STATE USE ONLY
File Date: 11-15-00
Check No.: 1137
By: AMF

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 842, along with a \$20.00 fee must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040, or from our web site at www.state.ri.us.

1713

JOSEPH A. CAPINERI
288 DEXTER STREET
PAWTUCKET, RI 02880

RETAIN FOR YOUR RECORDS
Corp#: DLLC 90281
Corp: 545 P Associates, LLC
File Date:
Check No.:

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 90281

Annual Report for the year 1999

1. The name of the limited liability company is:

545 P Associates, LLC

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

P.O. Box 6706, Providence, RI 02904-6706

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: JOSEPH A. CAPINERI

266 DEXTER STREET PAWTUCKET, RI 02860

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: P.O. Box 6706, Providence, RI 02904-6706, c/o RICIR

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Buying, Selling, Leasing, and Renting of Real Estate

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

Name	Address
<u>RICIR</u>	<u>P.O. Box 6706 Providence, RI 02904-6706</u>

Dated \_\_\_\_\_

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.



545 P Associates, LLC

Exact Name of Limited Liability Company

By Robert M. Gall

Partner

Title

FOR SECRETARY OF STATE USE ONLY

File Date: **PAID**

Check No.: **OCT 29 1999**

By: **SECY OF STATE**

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 90281

Annual Report for the year 1998

1. The name of the limited liability company is:

545 P Associates, LLC

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

290 Westminster Street, Providence, Rhode Island 02903

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: JOSEPH A. CAPINERI

266 DEXTER STREET PAWTUCKET, RI 02860

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: 290 Westminster Street, Providence, Rhode Island 02903

c/o Metro Properties, Inc.

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Buying, Selling, Leasing, and Renting of Real Estate

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

*Name*

*Address*

Metro Properties, Inc.

290 Westminster Street, Providence, Rhode Island 02903

Dated \_\_\_\_\_, 19\_\_\_\_



\* 9 0 2 8 1 \*

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.

545 P Associates, LLC

*Exact Name of Limited Liability Company*

By

*Title*

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9.16.98</u>
Check No.:	<u>18086</u>
By:	<u>WP</u>

Form No. LLC-19  
Revised 8/97

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

**LIMITED LIABILITY COMPANY**

ID Number 0090281

Annual Report for the year 1997

- 1. The name of the limited liability company is:  
545 P Associates, LLC
- 2. The address of the principal office of the limited liability company is:  
290 Westminster Street, Providence, Rhode Island 02903
- 3. The state or other jurisdiction under the laws of which it is formed is: None
- 4. The name and address of its resident agent is: Joseph A. Cipinri, Esquire, 266 Dexter Street, Pawtucket, Rhode Island 02860
- 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: 290 Westminster Street, Providence, Rhode Island 02903  
c/o Metro Properties, Inc.
- 6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Buying, Selling, Leasing and Renting of Real Estate

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

Name	Address
<u>Metro Properties, Inc.</u>	<u>290 Westminster Street, Providence, Rhode Island 02903</u>

Dated 11/28/97, 1997

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.

14-248  
CWA

**PAID**  
**DEC - 3 1997**  
**SECRETARY OF STATE**

545 P Associates, LLC  
Exact Name of Limited Liability Company

By *Robert M. Bell*  
*Robert*  
Title