

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

100 North Main Street Providence, RI 02903-1335

Matthew A. Brown, Secretary of State

401.222.3040

Corporations Division

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 122981 WHEELOCK REALTY, LLC 3 State of Formation 4. Brief description of the character of the husiness which is actually conducted in Rhode Island OWNERSHIP AND MANAGEMENT OF REAL ESTATE RHODE ISLAND 5 Principal office address State 1925 Pawtucket Avenue East Providence RI02914 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Joseph G. Wheelock Street Address City State 1925 Pawtucket Avenue RI 02914 East Providence 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 Street Address State Z.ıp State 7.íp Manager Name Street Address Street Address City State Zip 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 JAMES H. REILLY Address City Zip 146 WESTMINSTER STREET, SUITE 500 PROVIDENCE 02903-

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

File Date	8/31/05-122981	
Check No.	5631	
Ву:	DA	
	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.

Joseph G. Wheelock Print or Type Name of Authorized Person



I ID No

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR TH Filing Period: September 1 - November 1

• Filing Fee: \$50,00

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2. Exact name of the limited liability company 122981 WHEELOCK REALTY, LLC 3. State of Formation 4. Brief description of the character of the histness which is actually conducted in Rhode I. OWNERSHIP AND MANAGEMENT OF REAL ESTATE **RHODE ISLAND** 5. Principal office address 1321 MAIN STREET WEST WARWICK 6. mailing address of limited liability company and name or title of contact pi Contact Name JOSEPH G. WHEELOCK Street Address Gliv 1321 MAIN STREET WEST WARWICK 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 Street Address State Zip City Zip Manager Name Manager Name Street Address Street Address Cuy 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 JAMES H. REILLY Address Ζф 146 WESTMINSTER STREET **PROVIDENCE** 02903-

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JOSEPH G. WHEELOCK

Print or Type Name of Authorized Person



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

I. ID No.						
122981		name of the limited liabilty company LOCK REALTY, LLC				
3. State of Formation	I		the business which is actually conducted	in Rhade Island	,	
RHODE ISLANI			OP REAL ESTATE	THE TOTAL STATE		
5. Principal office ad	Idress	· · · · · · · · · · · · · · · · · · ·	City	State	Zip	
1321 MAIN ST	REET		WEST WARWICK	RI	02893-	
6. MAILING AD Contact Name JOSEPH G. WH		LIABILITY COM	PANY AND NAME OR TITLE Contact Title	OF CONTACT PE	ERSON:	
Street Address	<u> </u>		City	State	Zip	
1321 MAIN ST	REET		.WEST WARWICK	RI	02893	
danager Name			UIRES FILING OF AMENDMENT.	· '-: \-'	- -	
_			• Manager Name •			
Street Address		-	• Manager Name • Street Address		 	
	State	Zip	<u>.</u>	State	Zip	
City	State	Zip	Street Address	State	Zip	
City Manager Name	State	Zip	Street Address *City	State	Zip	
City Manager Name Street Address	State	Zip	Sircet Address City Manager Name	State	Zip Zip	
City Manager Name Street Address City B. RESIDENT AGE	State	Zip	* Street Address *City *Manager Name *Street Address	State	Zip	
City Manager Name Street Address City B. RESIDENT AGE gent Name	State ENT IN RHODE ISLAN	Zip	Street Address *City *Manager Name *Street Address	State	Zip	
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Street Address City Manuger Name Street Address City 8. RESIDENT AGE Igent Name JAMES H. REIL Address	State ENT IN RHODE ISLAN	Zip	City Manager Name Street Address City Changes require filing of Foundariess	State orm 642 - R.J.GL. R STREET	Zip	

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File Date_	9.26.03
Check No	4403
Ву:	2
FOR SECR	ETARY 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.

JOSEPH G. WHEELOCK

Print or Type Name of Authorized Person