

# 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                   | <b>COMPA</b> | NY ANNUAL            | REPORT FO | OR THE Y | EAR 2005 |  |
|-------------------------------------|--------------|----------------------|-----------|----------|----------|--|
| Filing Period: September 1 - Navenu | her 1 .      | Filling Foot \$50.00 |           |          |          |  |

| (FORM MUST BE TYPED  |            |                      | r rang rec. \$50.00                |  |            |            |                      |  |
|--|------------|----------------------|------------------------------------|--|------------|------------|----------------------|--|
| 1. ID No.  | 2. Exact ) | name of the limited  | e of the limited liability company |  |            |            |                      |  |
| 96782  | Acqua A    | ilta, LLÇ            | LC                                 |  |            |            |                      |  |
| 3. State of Formation  |            | 4. Brief description | of the character of the business w | hich is actually conducted in Rhode            | Island     | •          |                      |  |
| RHODE ISLAND   |            | REAL ESTATE          | HOLDING                            |  |            |            |                      |  |
| 5. Principal office add 9:<br>58/0 10<br>6. MAILING ADDRE  | st h       | d.                   | TTV COMPANY AND NAM                | East Granw                                     | ch state R | 1          | <sup>210</sup> 0Z818 |  |
| Contagrame /   | 33 OF LI   | WILED INGIN          | ITY COMPANY AND NAM                |  | PERSON:    |            |                      |  |
| Burton   | 5.         | Raymo                | xd III                             | 1 resident                                     | -          | · <b>-</b> |                      |  |
| SITURE A   | 1666       | dela                 | Sane                               | Some   | State Su   | me.        | Sane                 |  |
| 7. NAME AND ADD  | RESS OF    |                      |                                    | BILITY COMPANY, IF APPL                        |            | _          |                      |  |
| AN   | Y MODIE    |                      |                                    | CHMENTS ("X" BOX FOR<br>ILING OF AMENDMENT, R. |            |            | 6-52                 |  |
| Elizabett  | in P       | Fenil                | •                                  | Burton S.                                      | Raymo      | nd I       | I                    |  |
| 25 Pala  | sold       | 'Ct.                 |                                    | Sirvet Address                                 | 7          |            |                      |  |
| E. Gream   | Ch         | State [              | 82818                              | City   | and        |            | Zip                  |  |
| Manager Name   |            |                      |                                    | Manager Name                                   |            |            |                      |  |
| Street Address   |            |                      |                                    | Street Address                                 |            |            |                      |  |
| <u></u> _  |            |                      | <u> </u>                           |  | <u> </u>   |            |                      |  |
| Сіђі   |            | State                | Ζίρ                                | 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  |            |            | •                    |  |
| BURTON S. RAYMOND, III   |            |                      |                                    |  |            |            |                      |  |
| Address  |            |                      |                                    | City   | Zip        |            |                      |  |
| 5810 POST ROAD   |            |                      |                                    | EAST GREENWICH 02818                           |            |            |                      |  |
| <u>-</u>   |            |                      |                                    |  |            |            |                      |  |
|  |            |                      |                                    |  |            |            |                      |  |

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

| File Doile 9/8/05 *96782*       |  |
|---------------------------------|--|
| Check No                        |  |
| 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

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 Division 100 North Main Street Providence, Rt 02903-1335

101 222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_

2004

| Frung Pertoa: Septem<br>(FORM MUST BETYPED C          |   | Filing Fee: 350.00    |                                      |                       |              |  |
|---|---|-----------------------|--------------------------------------|-----------------------|--------------|--|
| 1. II2 No<br>96 <b>782</b>                            | 2. Exact name of the limited liability company Acqua Alta, LLC  |                       |                                      |                       |              |  |
| 3 State of Formation<br>RHODE ISLAND                  | 4. Brief description<br>REAL ESTATE   |                       | thich is actually conducted in Rhode | Island                |              |  |
| 5 Principal office malnes 5010 1051 6. MAILING ADDRES | -Rd   | TV COMPANY AND MAN    | E. arenwizi                          | State R               | 24P<br>OZ81F |  |
| Burton S  | Raymono   | TY COMPANY AND NAM    | Contact Title OF CONTACT             | PERSON:               |              |  |
| PO BAK  | 430 '   |                       | £6.                                  | State                 | 0284         |  |
| _   | 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 Deth                                     | P. Feni   | K                     | Buten S                              | Raym                  | ona III      |  |
| 25 Tea  | Kwood C   | <u> </u>              | Sirvet Address                       | 6-04-0                |              |  |
| & Greenwi   | ch State R 1  | ~°02818               | city 50                              | Viate                 | Zip          |  |
| Manager Name  |   |                       | Manager Name                         |                       |              |  |
| Street Address  |   |                       | Street Address                       |                       |              |  |
| City  | State   | Zip                   | City                                 | State                 | Zıp          |  |
| 8. RESIDENT AGENT<br>Agent Name<br>BURTON S. RAYMOND  |   | OO NOT ALTER - Change | es require filing of Form 6  Address | 42 - R.t.G.L. 7-16-11 | ·            |  |
| Address<br>5810 POST ROAD                             |   |                       | City<br>EAST GREENWICH               | 2.ip<br>02            | 818          |  |

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



| File Date                       | FILED        |  |
|---------------------------------|--------------|--|
| Check No.                       | SEP 1 0 2004 |  |
| Ву:                             | By 1054 GM   |  |
| FOR SECRETARY OF STATE USE ONLY |              |  |

| d affirm that I have examined this report, is and statements, and that all statements. |
|--|
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| a Cinta mi   |
| a Cinta  |

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

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

Cooperations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2003

| OR PRINTED IN BLACK)      |   |  |  |  |
|---------------------------|---|--|--|--|
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| 4 mg accipia              | я ој 9se спанечет ој те wean:   | ess which is actually conducted  | in Rhode Isiana  |  |
| REAL ESTAT                | E HOLDING   |  |  |  |
| ist Rd                    |   | EGRERW   | 12h State RI   | 87850  |
| SS OF LIMITED LIABI       | LITY COMPANY AND N  | IAME OR TITLE OF CON   | TACT PERSON:   |  |
| S Raymo                   | nd III  | Ganact File  |  |  |
| 430                       |   | E. Gren  | wich state R1  | 02818  |
|                           |   |  | _  |  |
|                           |   | •  | · —  |  |
| 4 Fenit                   |   | Burtor   | 15 Rayma   | nd III   |
| kwood G                   | L   | Street Address   | mo   |  |
| Ch State KI               | 82818   | cm <b>Ο C</b>  |  | Zφ   |
|                           |   | Manager Name   |  |  |
|                           |   | Street Address   |  |  |
| Stare                     | Zφ  | City   | State  | Zip  |
| i<br>IT IN RHODE ISLAND : | I<br>DO NOT ALTER - Cha   | nges require filing of I   | ı<br>Form 642 - R.I.G.L. 7-16-1.   | 1<br>1   |
|                           |   | Address  |  |  |
| D, III                    |   |  |  |  |
|                           | •   | City<br>EAST GREENWICE   | Н  | ,<br>D2818   |
|                           | Acqua Alta, LLC  a three description  REAL ESTAT  ST Rd  SS OF LIMITED LIABIL  SS OF EACH MANAGE  FILL IN SPAN  Y MODIFICATIONS TO  A FENIX  LATOLA CA  State  State  T IN RHODE ISLAND | Acqua Alta, LLC  a three description of the character of the boson REAL ESTATE HOLDING  ST Rd  ESS OF LIMITED LIABILITY COMPANY AND NOT SELECTIONS TO MANAGERS REQUIRE  THE IN SPACES BEFORE USING A PRODUCT OF THE LIMITED TO MANAGERS REQUIRE  TO State Representations of the Limited Section of the Li | Acqua Alta, LLC    a third description of the character of the fristness which is actually conducted REAL ESTATE HOLDING   St Rd | The first manuel the timbest personal and the formation of the character of the treations which is actually combined in Black Island  REAL ESTATE HOLDING  St. Rd  St. |

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

| * | 9 |  | 8 | * |
|---|---|--|---|---|

| File Date | 10/23/03                  |      |
|-----------|---------------------------|------|
| Chrck No. | 1050                      |      |
| By        |                           |      |
| J:        | OR 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

EITITETIK



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 (FORM MUST BE TYPED OR PRINTED IN BLACK) I ID No 2. Exact name of the limited liabilty company 96782 Acqua Alta, LLC 3. State of Formation 4. Brief description of the character of the husiness which is actually conducted in Rhode Island **REAL ESTATE HOLDING RHODE ISLAND** 5. Principal office dddres 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE Contact Name Street Address 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 Managen Name · Manager Name Street Address Manager Name Manager Name Street Address ·Street Address City State City Zip State 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 **BURTON S. RAYMOND, III** Address Zip City 5810 POST ROAD EAST GREENWICH 02818

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



File Date 10-28.02

Check No. 1044

By: 30

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 Apphorized Person

Date

Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

- S



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

| D                         | Number DLLC 96782   | Annual Report for the year 2001   |              |  |  |
|---------------------------|---|---|--------------|--|--|
| 1.                        | The name of the limited liability company is:   |   |              |  |  |
|                           | Acqua Alta, LLC   |   |              |  |  |
| 2.                        | The address of the principal office of the limit<br>5810 Post Rd - P.O. Box 4   | ited liability company is:<br>36, East Greenwich, Rl 02818  |              |  |  |
| 3.                        | The state or other jurisdiction under the laws  | ,   |              |  |  |
| 4.                        | The name and address of its resident agent  | is: BURTON S. RAYMOND, III  |              |  |  |
|                           | 5810 POST ROAD EAST GREENWICH RI  | 02818   |              |  |  |
| 5.                        | The current mailing address of the limited liability company and the name or title of a person to whom communic may be directed are:  P.O. Box 430 , £402818  Burton S. Raymond III |   |              |  |  |
| 6.                        | <b>'</b>  | ousiness in which the limited liability company is actually eng   | aged in this |  |  |
| 7.                        | If the limited liability company has managers   | s, the name and address of each manager of the limited liability  Address   | company      |  |  |
|                           | Byrtons. Raymond III<br>Elizybeth P. Fenik  | 25 Teakwood Ct., E. Gregnuch, R.I   | 02818        |  |  |
| Da                        | nted 10/18/01   | Under penalty of perjury, I declare and affirm that I have exreport, including any accompanying schedules and state that all statements contained herein are true and correct.  Acgua Alta LLC  Exact Name of Limited Liability Company |              |  |  |
|                           | FOR SECRETARY OF STATE USE ONLY Date: 10-19-01  | By Skletch  Manager  Title  Form  | n No. 632    |  |  |
| $\mathbf{a}_{\mathbf{v}}$ | $\lambda$   | Revi  | sed 01/99    |  |  |

DETACH BOTTOM BEFORE RETURNING

Filing Fee: \$50.00

By:

# To be filed annually between September 1 and November 1

Revised 01/99



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 96782   | Annual Report for the year 2000   |
|------|---|---|
| 1.   | The name of the limited liability company                     | ' i <b>s:</b>   |
|      | Acqua Alta, LLC   |   |
| 2.   | The address of the principal office of the 5810 Post Rd-P.o.B | limited liability company is:  OX 430, E. Greenwich, R.I.   |
| 3.   | The state or other jurisdiction under the I                   | aws of which it is formed is RHODE ISLAND   |
| 4.   | The name and address of its resident ag                       | ent is: BURTON S. RAYMOND, III  |
|      | 5810 POST ROAD EAST GREENWICH                                 | RI 02818  |
| 5.   | The current mailing address of the limite                     | d liability company and the name or title of a person to whom communications  |
|      | may be directed are: <u>Same</u>                              | <del></del>   |
|      |   |   |
| 6.   |   | e business in which the limited liability company is actually engaged in this   |
|      | state: Malestate hole   | ding  |
| 7.   |   | gers, the name and address of each manager of the limited liability company  **Address**  |
|      | Elizabeth Fenik   | 25 Teakwood Ct. E. Greenwich, RI  |
|      | Burton S Raymond III  | 25 Teakwood Cot, E. Greenwich, RI   |
|      |   |   |
| Da   | tod 31 au (ast 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.  |
|      |   | HGILA AITZ, LLC Exact Name of Limited Liability Company   |
| _    | FOR SECRETARY OF STATE USE ONLY                               | By Aluch E.P. Fenik   |
| File | Date: 9-5-00  | Managing Partner  |
| Che  | cck No.: 1035   | Title Form No. 632  |

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

|        |   | ITED LIABILITY COMPANY  |
|--------|---|---|
| ID     | Number <u>LL 96782</u>  | Annual Report for the year 1999   |
| 1.     | The name of the limited liability company is                          | s:  |
| 2.     | The address of the principal office of the lines of the Post Rd., Ed. | mited liability company is:  OST Greenwich, RI OZ818  |
| 3.     | The state or other jurisdiction under the law                         | ws of which it is formed is RHODE ISLAND  |
| 4.     | The name and address of its resident ager                             | nt is: BURTON S. RAYMOND, III   |
|        | 5810 POST ROAD EAST GREENWICH,  | RI 02818  |
| 5.     | The current mailing address of the limited may be directed are:       | liability company and the name or title of a person to whom communications Enik, P.O.Box 430, E.Gremwich, RI 02818  |
| 6.     | A brief statement of the character of the state: real estate holding  | business in which the limited liability company is actually engaged in this   |
| 7.     | Name  | the name and address of each manager of the limited liability company  Address  25 Teakwood Ct., E. Greenwich, RI 028   |
| Date   | ed 30 Aus, 1999   | 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.  Acqua Ala, LLC  Exact Name of Limited Liability Company |
| File I | OR SECRETARY OF STATE USE ONLY Date:  k No.:                          | By Callul - E.P. Fenik  Manager  Title  Form No. 632  Paging 04/00  |



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

| LIMITED LIABILITY COMPANY |   |
|---------------------------|---|
| ID                        | Number LL 96782 Annual Report for the year 1998   |
| 1.                        | The name of the limited liability company is:   |
|                           | Acqua Alta, LLC   |
| 2.                        | The address of the principal office of the limited liability company is: 5810 Fost Rd, E. Greenwich, R1 02818                       |
| 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: BURTON S. PAYMOND, III   |
|                           | 5810 POST ROAD EAST GREENWICH, RI 02818   |
| 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: Elizabeth P. Fenik - Hanager @  |
|                           | 1.0. Box 430 E. Greenwich, RI 02818   |
| 6.                        | A brief statement of the character of the business in which the limited liability company is actually engaged in this               |
|                           | state: real estate holding  |
| <b>7</b> .                | If the limited liability company has managers, the name and address of each manager of the limited liability company  Name  Address |
| -                         | Burton S. Raymond III P.O. Box 430, E. Greenwich, Plozele   |
|                           |   |
| Da                        | ted 26 AMC , 1998 Under penalty of perjury. I declare and affirm that I have examined this  |
| <b>D</b> 4                | report, including any accompanying schedules and statements, and  |
|                           | that all statements contained herein are true and correct.  |
| Gile                      | FOR SHCRETARY OF STATE USE ONLY Date: 8.78.1  |
|                           | ck No.: 1017  By Chill - E.P. FOIR  |
|                           | Manager   |
| 3y:<br>                   | Title Form No. LLC-19   |