



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. 96782		2. Exact name of the limited liability company Acqua Alta, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING	
5. Principal office address 5810 Post Rd.		City East Greenwich	State RI
		Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Burton S. Raymond III		Contact Title President	
Street Address Same		City Same	State Same
		Zip Same	
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 Elizabeth P. Fenik		Manager Name Burton S. Raymond III	
Street Address 25 Teakwood Ct.		Street Address Same	
City E. Greenwich	State RI	City Same	State Same
Zip 02818		Zip Same	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 BURTON S. RAYMOND, III		Address Same	
Address 5810 POST ROAD		City EAST GREENWICH	Zip 02818

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



File Date	9/8/05	*96782*
Check No.	1060	
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] **7 Sept 2005**
Signature of Authorized Person Date
E.P. Fenik
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, RI 02903-1335
401 222-3040

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 96782		2. Exact name of the limited liability company Acqua Alta, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING	
5. Principal office address 5810 Post Rd		City E. Greenwich	State RI
		Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Burton S. Raymond III		Contact Title [Signature]	
Street Address PO Box 430		City E. Greenwich	State RI
		Zip 02818	
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 Elizabeth P. Fenik		Manager Name Burton S. Raymond III	
Street Address 25 Teakwood Ct		Street Address Same	
City E. Greenwich	State RI	Zip 02818	City [Signature]
Manager Name [Signature]		Manager Name [Signature]	
Street Address [Signature]		Street Address [Signature]	
City [Signature]	State [Signature]	Zip [Signature]	City [Signature]
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name BURTON S. RAYMOND, III		Address [Signature]	
Address 5810 POST ROAD		City EAST GREENWICH	Zip 02818

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



* 9 6 7 8 2 *

FILED

File Date

SEP 10 2004

Check No.

By: 1054 GMS

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: [Signature] Date: 9 Sept 2004

Print or Type Name of Authorized Person: E P Fenik



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) 222-3030

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. 96782		2. Exact name of the limited liability company Acqua Alta, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING	
5. Principal office address 5810 Post Rd		City E. Greenwich	State RI
		Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Burton S. Raymond III		Contact Title	
Street Address PO Box 430		City E. Greenwich	State RI
		Zip 02818	
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 Elizabeth Fenik		Manager Name Burton S. Raymond III	
Street Address 25 Teakwood Ct.		Street Address Same	
City E. Greenwich	State RI	Zip 02818	City Same
			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 BURTON S. RAYMOND, III		Address	
Address 5810 POST ROAD		City EAST GREENWICH	Zip 02818

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



* 9 6 7 8 2 *

File Date	10/23/03
Check No.	1050
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] **22 Oct 2003**
Signature of Authorized Person Date
E. P. Fenik
Print or Type Name of Authorized Person



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

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)

1. ID No. 96782		2. Exact name of the limited liability company Acqua Alta, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING	
5. Principal office address 5810 Post Rd		City Greenwich	State RI
		Zip 02878	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name EP Fenik		Contact Title	
Street Address P.O. Box 430		City Same	State Same
		Zip Same	
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 Burton S. Raymond III		Manager Name Elizabeth P. Fenik	
Street Address 25 Teakwood Ct		Street Address Same	
City Greenwich	State RI	City SAME	State RI
Zip 02818		Zip 02818	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 BURTON S. RAYMOND, III		Address	
Address 5810 POST ROAD		City EAST GREENWICH	Zip 02818

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



* 9 6 7 8 2 *

File Date	10.28.02
Check No.	1047
By:	EP
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
EP Fenik
Date
10/25/02
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 DLIC 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 limited liability company is:

5810 Post Rd - P.O. Box 430, East Greenwich, RI 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. 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 communications may be directed are: P.O. Box 430, EG 02818

Burton S. Raymond III

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

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

Name	Address
<u>Burton S. Raymond III</u>	<u>25 Teakwood Ct., E. Greenwich, RI 02818</u>
<u>Elizabeth P. Fenik</u>	<u>" " " " " "</u>

Dated 10/18/01



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 Alta LLC

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

File Date: 10-19-01

Check No.: 1042

By: 2

By: [Signature]

Manager

Title

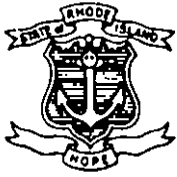
Form No. 632
Revised 01/99

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 642 must be filed in this office. Forms may be

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 96782

Annual Report for the year 2000

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 Post Rd - P.O. Box 430, E. Greenwich, RI

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. 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 communications may be directed are: Same

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

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

Name

Address

Elizabeth Fenik

25 Teakwood Ct, E. Greenwich, RI

Burton S. Raymond III

" " " " " "

Dated 31 August 2000



9 6 7 8 2

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 Alta, LLC

Exact Name of Limited Liability Company

By

E.P. Fenik

E.P. Fenik

Managing Partner

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-5-00

Check No.: 1035

By: AMF

Form No. 632
Revised 01/99

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 96782

Annual Report for the year 1999

- The name of the limited liability company is:
Acqua Alta, LLC
- The address of the principal office of the limited liability company is:
5810 Post Rd., East Greenwich, RI 02818
- The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
- The name and address of its resident agent is: BURTON S. RAYMOND, III
5810 POST ROAD EAST GREENWICH, RI 02818
- 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 Fenik, P.O. Box 430, E. Greenwich, RI
02818
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: real estate holding
- If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Burton S. Raymond III</u>	<u>25 Teakwood Ct., E. Greenwich, RI 02818</u>
<u>Elizabeth P. Fenik</u>	<u>" " " " " "</u>

Dated 30 Aug, 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 Alta, LLC

Exact Name of Limited Liability Company

By E.P. Fenik - E.P. Fenik
Manager Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10/10/99</u>
Check No.:	<u>1031</u>
By:	

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 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 Post Rd, E. Greenwich, RI 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: ^{ok} 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 communications may be directed are: Elizabeth P. Fenik - Manager @

P.O. 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

7. 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, RI 02818

Dated 26 Aug, 1998



* 9 6 7 8 2 *

FOR SECRETARY OF STATE USE ONLY

File Date: 8.28.98

Check No.: 1017

By: ICP

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 Alta, LLC

Exact Name of Limited Liability Company

By

E.P. Fenik
Manager

Title

Form No. LLC-19
Revised 8/97

DETACH BOTTOM BEFORE RETURNING