



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 117782		2. Exact name of the limited liability company Brooke Nick Development Company, LLC.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DEVELOPER/BUILDER			
5. Principal office address			City	State	Zip
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Robert Dean			Contact Title		
Street Address 652 Newport Avneue		City South Attleboro	State MA	Zip 02703	
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 Dean			Manager Name		
Street Address 652 Newport Avenue			Street Address		
City East Providence	State RI	Zip 02703	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 FRANK A. LOMBARDI, ESQ.			Address		
Address 395 200 SMITH STREET		City PROVIDENCE	Zip 02908-		

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



File Date 11/29/05 117782
Check No. 9411
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] 11-23-05
Signature of Authorized Person Date
Robert Dean
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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1. ID No. 117782		2. Exact name of the limited liability company Brooke Nick Development Company, LLC.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DEVELOPER/BUILDER			
5. Principal office address 652 Newport Avenue			City South Attleboro	State MA	Zip 02703
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name			Contact Title		
Street Address 652 Newport Avenue			City South Attleboro	State MA	Zip 02703
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 Dean			Manager Name		
Street Address 652 Newport Avenue			Street Address		
City South Attleboro	State MA	Zip 02703	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 FRANK A. LOMBARDI, ESQ.			Address		
Address 1000 SMITH STREET			City PROVIDENCE	Zip 02908-	

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



* 1 1 7 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.


Signature of Authorized Person
Robert Dean
Date
12-20-04
Print or Type Name of Authorized Person

File Date	1/4/05
Check No.	2182
By	W.
FOR SECRETARY OF STATE USE ONLY	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
199 North Main Street
Providence, RI 02903-1335
401.222.3046

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)

Form with fields for ID No (117782), Exact name (Brooke Nick Development Company, LLC), State of Formation (RHODE ISLAND), Brief description (DEVELOPER/BUILDER), Principal office address (652 Newport Avenue, South Attleboro, MA 02703), Mailing address, Manager Name (Robert Dean), Resident Agent (FRANK A. LOMBARDI, ESQ.), and Address (1000 SMITH STREET, PROVIDENCE, 02908).

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



* 1 1 7 7 8 2 *

RECEIVED

File Date: JAN 19 2004
Check No: 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] 1/12/04
Signature of Authorized Person Date
Robert Dean, Manager
Print or 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. 117782		2. Exact name of the limited liability company Brooks Nick Development Company, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Developer/Builder	
5. Principal office address 652 Newport Ave		City S. Attleboro	State MA
		Zip 02703	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Robert Dean		Contact Title	
Street Address Same		City	State
		Zip	
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 Dean		*Manager Name	
Street Address Same		*Street Address	
City	State	Zip	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 FRANK A. LOMBARDI, ESQ.		Address	
Address 1000 SMITH STREET		City PROVIDENCE	Zip 02908-

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



* 1 1 7 7 8 2 *

File Date	10-4-02
Check No.	1311
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] **10/1/02**
Signature of Authorized Person Date
Robert Dean
Print or type Name of Authorized Person