

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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

1. ID No 120983		name of the limited Hability company Oldings, LLC							
3 State of Formation RHODE ISLAN	1	4. Brief description of PROPERTY MA		iness which is actually conducted in Risc	thich is actually conducted in Risole Island				
5. Principal office address				City	State	Zip			
382 B Main Street				Wakefield	Rhode Island	02879			
6. MAILING AD	DRESS OF LI	MITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT	F PERSON:	•			
Contact Name				Contact Title					
Michæl I	F. McGrath	ı		Member					
Street Address				City:	State	Zip			
190 Kings	s Ridge Ro	oad .		Wakefield	Rhode Island	02879			
				ACHMENTS ("X" BOX FOR ATTACHMENT) TILING OF AMENDMENT, R.I.G.L. 7-16-12 (2) (2) / 7-16-52 Hanager Name					
Sinvi Address			Sirvet Address						
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Жу		State	Zip	City	State	Zip			
•••••		State	Zip	City Manager Name	State	Zip			
Manager Name		State	Zip		State	Zip			
Manager Name Street Address		State	Zip	Manager Name	State	Zip Zip			
City Manager Name Street Address City 3. RESIDENT A		State	Zip	Manager Name Street Address	State				
Manager Name Sirect Address City 3. RESIDENT A	GENT IN RHO	State DDE 1SLAND - D	Zip	Manager Name Street Address City tanges require filing of Form	State				
Manager Name Street Address Tity 3. RESIDENT A	GENT IN RHO	State DDE 1SLAND - D	Zip	Manager Name Street Address City tanges require filing of Form	State				

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

File Date	12/6/05 120983	
Check No	. 2 1.72	
Ву:		
	FOR SECRETARY OF STATE USE ONLY	

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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.

Muchael McSiall 12,

Michael F. McGrath

Print or Type Name of Authorized Person



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

Mattbew A. Brown, Secretary of State

Gorporations 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 2 Exact name of the limited hability company

120983 M&P Holdings, LLC

3 Nate of Formation 4 Brief description of the character of the husiness which is actually conducted in Rhode Island

PROPERTY MANAGEMENT

5. Principal office address 382 B Main Street Wake field Rhode Island 02879 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Michael F. McGrath Member Street Address City 190 Kings Ridge Road Wakefield Rhode Island 02879 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 N/A Street Address Mrect Address City State $Z_{i}p$ Zψ Manager Name Street Address Street Address Car Zφ 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 LEONARD L. BERGERSEN, ESO. Address Zip

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

PEACE DALE



1070 KINGSTOWN ROAD

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

02879-2431

Signature of Authorized Person

Date 10/18/04

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 Durision 190 North Main Street Providence, RI 02903-1335 401 222 3040

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120983	<u> </u>	M&P Holdings, LLC						
State of Formation	4 Brief descript	4 Brief description of the character of the bismess which is actually conducted in Rhode Island						
RHODE ISLAND	PROPERTY	MANAGEMENT						
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ontact Name			Contact Title					
Michael F. McGrath			Member					
reet Address		···	City	State	Zφ			
190 Kings Ridge Road			:Wakefield	RI	02879			
	RESS OF EACH MANA	PACES BEFORE USING	D LIABILITY COMPANY, IF APP. G ATTACHMENTS ("X" BOX FO RES FILING OF AMENDMENT, R Manager Vame	LICABLE DR ATTACHMENT)	1			
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PEACE DALF.

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File Date 10/2/03
Check No
Bv
FOR SECRETARY OF STATE USE ONLY

1070 KINGSTOWN ROAD

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.

02879-2431

Michael F. McGrath

Pent or Type Name of Authorized Person



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 liability company 120983 M&P HOLDINGS, LLC

4 Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation PHODE ISLAND PROPERTY MANAGEMENT 5. Principal affice address
4040 MAIN STREET City WAKEFIELD Suite PI 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: CONTACT NAME P. M. CORPITH 190 KINGS RIDGE POAP 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 Sirect Address Street Address Cin State State Cirv Manager Name Manager Name Street Address Street Address Zio State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address

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File Date FILED	_
Check No. 007 04 2002	_
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.

Machael 7 Mostate 141/0 Signature of Authorized Person Date

MICHOEL F. MCGNATH

Print or Type Name of Authorized Person

02887