



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. 106183		2. Exact name of the limited liability company Westport Properties, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE, OWN, DEVELOP, LEASE, SELL AND OR MANAGE REAL ESTATE AND OTHER REAL PROPERTY	
5. Principal office address 11 DEXTER ROAD		City EAST PROVIDENCE	State RI
		Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name EUGENE VOLL		Contact Title	
Street Address 11 DEXTER RD.		City EAST PROVIDENCE	State RI
		Zip 02914-	
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 Eugene T. Voll		*Manager Name	
Street Address 11 Dexter Road		*Street Address	
City East Providence	State RI	Zip 02914	*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 WAYNE M. KEZIRIAN, ESQ.		Address 128 DORRANCE STREET	
Address GAEBE & KEZERIAN		City PROVIDENCE	Zip 02903

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



1 0 6 1 8 3

106183 DLLC 09/27/05 01:32:59 PM

File Date 10/27/05

Check No. 12062

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] 10/25/05
Signature of Authorized Person Date

Eugene T. Voll
Print or Type Name of Authorized Person



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. 106183		2. Exact name of the limited liability company Westport Properties, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE, OWN, DEVELOP, LEASE, SELL AND OR MANAGE REAL ESTATE AND OTHER REAL PROPERTY AND ANY OTHER LAWFUL BUSINESS	
5. Principal office address 11 DEXTER ROAD		City EAST PROVIDENCE	State RI
		Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name EUGENE VOLL		Contact Title	
Street Address 11 DEXTER RD.		City EAST PROVIDENCE	State RI
		Zip 02914-	
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.L.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name Eugene T. Voll		Manager Name	
Street Address 11 Dexter Road		Street Address	
City East Providence	State RI	Zip 02914	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 WAYNE M. KEZIRIAN, ESQ.		Address 128 DORRANCE STREET	
Address GAEBE & KEZERIAN		City PROVIDENCE	Zip 02903

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



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106183 DLLC 09/02/04 02:28:51 PM

File Date 10/18/04

Check No. 11896

By: ES

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.

 10/15/04
Signature of Authorized Person Date

Eugene T. Voll

Print or Type Name of Authorized Person



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. 106183		2. Exact name of the limited liability company Westport Properties, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE, OWN, DEVELOP, LEASE, SELL AND OR MANAGE REAL ESTATE AND OTHER REAL PROPERTY AND ANY OTHER LAWFUL BUSINESS	

5. Principal office address 11 DEXTER ROAD		City EAST PROVIDENCE	State RI	Zip 02914
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name EUGENE VOLL		Contact Title		
Street Address 11 DEXTER RD.		City EAST PROVIDENCE	State RI	Zip 02914-

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE 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 (d) (2) / 7-16-52				
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Manager Name Eugene T. Voll		• Manager Name			
Street Address 11 Dexter Road		• Street Address			
City East Providence	State RI	Zip 02914	• 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 WAYNE M. KEZIRIAN, ESQ.		Address 128 DORRANCE STREET		
Address GAEBE & KEZERIAN		City PROVIDENCE	Zip 02903	

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



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106183 DLLC 09/26/03 02:12:41 PM
FILED
File Date
Check No. OCT 14 2003
By: <u>By 11678.com</u>
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.

Eugene T. Voll 10/11/03
Signature of Authorized Person Date
Eugene T. Voll
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. *106183*		2. Exact name of the limited liability company Westport Properties, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE, OWN, DEVELOP, LEASE, SELL AND OR MANAGE REAL ESTATE AND OTHER REAL PROPERTY AND ANY OTHER LAWFUL BUSINESS	
5. Principal office address 11 DEXTER ROAD		City EAST PROVIDENCE	State RI
		Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name EUGENE VOLL		Contact Title	
Street Address 11 DEXTER RD.		City EAST PROVIDENCE	State RI
		Zip 02914-	
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 Eugene T. Voll		*Manager Name	
Street Address 11 Dexter Road		*Street Address	
City East Providence	State RI	Zip 02914	*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.L.G.L. 7-16-11			
Agent Name WAYNE M. KEZIRIAN, ESQ.		Address 128 DORRANCE STREET	
Address GAEBE & KEZERIAN		City PROVIDENCE	Zip 02903

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



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106183 DLLLC9/4/021:54:21 PM
File Date <u>10.28.02</u>
Check No. <u>11121</u>
By: <u>[Signature]</u>
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] 10/28/02
Signature of Authorized Person Date
Eugene T. Voll
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 DLLC 106183

Annual Report for the year 2001

1. The name of the limited liability company is:

Westport Properties, LLC

2. The address of the principal office of the limited liability company is:

11 Dexter Road, East Providence, RI 02914

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: WAYNE M. KEZIRIAN, ESQ.

GAEBE & KEZERIAN 128 DORRANCE STREET PROVIDENCE RI 02903

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: Eugene T. Voll, 11 Dexter Road, East Providence, RI 02914

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate Management

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

<i>Name</i>	<i>Address</i>
<u>Eugene T. Voll</u>	<u>11 Dexter Road, East Providence, RI 02914</u>
_____	_____
_____	_____

Dated _____

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.



Westport Properties, LLC
Exact Name of Limited Liability Company

By Eugene T. Voll
Manager

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-18-01</u>
Check No.:	<u>10636</u>
By:	<u>[Signature]</u>

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 DLLC 106183

Annual Report for the year 2000

1. The name of the limited liability company is:

Westport Properties, LLC

2. The address of the principal office of the limited liability company is:

11 Dexter Road, East Providence, RI 02914

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: WAYNE M. KEZIRIAN, ESQ.

GAEBE & KEZERIAN 128 DORRANCE STREET PROVIDENCE RI 02903

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: 11 Dexter Road, East Providence, RI 02914 Attn: Mr. Eugene

Voll

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To acquire, own, develop, lease, sell and/or manage real estate and other real property and any other lawful business

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

Name

Address

Mr. Eugene Voll

11 Dexter Road, East Providence, RI 02914

Dated Sept 25, 2000



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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.

WESTPORT [REDACTED] PROPERTIES, LLC

Exact Name of Limited Liability Company

By Eugene T. Voll

TRONER

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9/26

Check No.: 10173