

Corporations Division 100 North Main Street Providence, RI 62903-1335

401 222 3040

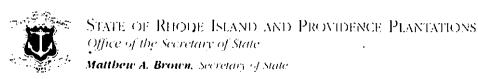
#### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_

• Filing Fee: \$50.00 Filing Period: September 1 - November 1 (FORM MUST BE TYPED OR PRINTED IN BIACK) 2 Exact name of the limited hability company L ID No 99482 MULAS, L.L.C. i. Brief description of the character of the business which is actually conducted in Rhode Island 3 State of Formation **REAL ESTATE HOLDING COMPANY RHODE ISLAND** 5. Principal office address 19 Oak Street 02879 Wakefield RΙ 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Donald J. Lally, Jr. Partner City Street Address State 19 Oak Street Wakefield RI 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 Street Address Street Address S'ate Manager Name Street Address Street Address Cit;Zip State State 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address Avent Name DONALD J. LALLY, JR. on Zip address 19 OAK STREET WAKEFIELD 02879

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

File Date 12/1/05 *99482*
Check No
By: 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.



Corporations Division 100 North Main Sirver Procedence, RI 02003-1335 401 222 3090

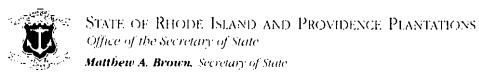
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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99482	MULAS, L.L.C						
5 State of Fromation	a Brief	escription of the cha	aracter of the Eustress	which is actually conducted in Ris	oste Island		
RHODE ISLAND REAL ESTATE HOLDING COMPANY			ING COMPANY				
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				Wakefield	RI		RI
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Soutact Name				Connect Tale			
Donald J.	Lally, Jr.			Partner			
Street Address				Cty	State	Ţ.	Zφ
19 Oak Str	eet			Wakefield	RI	ļ	02879
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This report must be signed in ink by an authorized person pursuant to RAGA. 7-16-66.

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Check No 3			_				_
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FOR SECRETARY	OF:	STAT	E US	E ON	LY		

Under penalty of perjary, 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.



Corporations Division 190 North Main Street Providence, RI 02903-1335 461-222 3040

2003

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00
(FORM MINT BE TYPED OF PRINTED IN BLACK)

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99482	MULAS, L.L.C.						
3 State of Formation	i Irref description	n of the character of the busi	ress which is actually conducted in Rho	do Island			
RHODE ISLAND	REAL ESTATI	E HOLDING COMPANY					
5. Principal (glice add)	CN/	<del></del>	City	State	Zψ		
19 Oak Street			Wakefield	RI	02879		
6. MAILING ADDI	RESS OF LIMITED LIABII	ITY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	'		
Gartaet Name			Contact Title				
Donald J.	Lally, Jr.		Partner				
Street Address		<u> </u>	City	State	Zφ		
19 Oak Str	eet		Wakefield,	RI	02879		
7. NAME AND AD	DRESS OF EACH MANAG	ER OF THE LIMITED	LIABILITY COMPANY, IF APP	LICABLE	•		
			ATTACHMENTS ("X" BOX FO				
A	NY MODIFICATIONS TO	MANAGERS REQUIRI	ES FILING OF AMENDMENT, R	R.I.G.L. 7-16-12 (a) (2)	/ 7-16-52		
Manager Name		/Y) //	Mininga Pame	M A	XÚ		
Kevin E. M	ulholland	$1 \text{Mod}_2$	Dona <del>ld J. Lal</del> l	Donald J. Lally, Ir.			
Street Address	,	U/ Y	Street Address	100			
50_Birchwo	ad-brive	· ·	19 Oak Street	/			
Gity	State	Z:p	City	State	$Z\varphi$		
<u>Narraganse</u>	tt_ RI	02882	Wakefield	RI	02879		
Manager Name			Manager Name	•			
Street Address		<del>-</del> -,	Street Address				
Gity	State	Zφ	City	State	Zφ		
		1	•				
	NT IN RHODE ISLAND -	DO NOT ALTER - Cha	inges require filing of Form	642 - R.I.G.L. 7-16-11			
Agent Name			Address				
DONALD J. LALLY, .	JR.						
Address			Cay	Zφ			
19 OAK STREET			WAKEFIELD 02879		870		

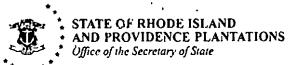
This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

	* 9 9 4 8 2 *	
Fde Date _	9-12-03	
Check No	282	
<b>p</b>	C <sub>4</sub>	

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 st	atements, and that all statements
contained berein are true and correct	9-9-03
Stenature of Authorizeft Person	Date
Donald J. Lally, Jr.	
Print or Tong Venus at Authors of Pages	-



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 2002 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

FORM MUST BE TY							
1. ID No *99482*  2. Exact name of the limited liability company MULAS, L.L.C.							
3. State of Formation	4. Brief descrip	tion of the character of the bi	isiness which is actually conducted	in Rhode Island	·		
RHODE ISLANI	D REAL ESTA	TE HOLDING COMPANY					
5. Principal office add	dress		City	State	Zip		
19 OAK STREE	ET		WAKEFIELD	RI	02879		
6. MAILING AD  Contact Name  DONALD J LAL		LIABILITY COMPAN	Y AND NAME OR TITLE  Contact Title	OF CONTACT PE	RSON:		
		<del></del>	<u>Partner</u> City	State	Zip		
Street Address	<b>T</b>		. WAKEFIELD	RI	02879-		
19 OAK STREE					المادي المجسوبات المادي		
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City Management		Zip 0.00000	*City  *Manager Name	State	Zip		
City Manager Name		Zip Q <del>2008</del>	· · · · · · · · · · · · · · · · · · ·	State	Zip (Care)		
City Manager Name	State	Q <del>0000</del>	Manoger Name Street Address				
City Manager Name Struct Address		Zip Zip	Manager Name	State	Zip Zip		
Oity Manager Name Struct Address City	State State	Zip	Manoger Name Street Address	State	Zip		
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Manager Name Struct Address City B. RESIDENT AG	State State State ENT IN RHODE ISLAN	Zip	Manager Name Street Address City  nges require filing of F	State	Zip		
City Manager Name Struct Address City  8. RESIDENT AG. Igent Name DONALD J. LAI	State State State ENT IN RHODE ISLAN	Zip	Street Address  City  nges require filing of F	State	Zip		

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



*99482 DLLC	7/25/0311:06:52 AM*
File Date	8-6.03
Check No.	280
 Bv:	2.
FOR SECRETAR	Y OF STATE USE ONLY

this report, including any accompa	
and that all statements contained h	
Dule flull	7/24/03
Signature of Authoritat Person J	Date
DON ALD J. Print or Type Name of Authorized Per	LAILY J/
Print or Type Name of Authorized Per	san /

Under penalty of perjury, I declare and affirm that I have examined

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

#### of Pro :

## **LIMITED LIABILITY COMPANY**

D	Number DLLC 99482	Annual Report for the year 2001		
1.	The name of the limited liability compan	y is:		
	MULAS, L.L.C.			
2.	The address of the principal office of the	e limited liability company is:		
	19 Oak Street, Wakefield, RI	02879		
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: DONALD J. LALLY, JR.		gent is: DONALD J. LALLY, JR.		
	19 OAK STREET WAKEFIELD RI 028			
5.	The current mailing address of the limit	ed liability company and the name or title of a person to whom communications		
	may be directed are:Donald_JLa	ally, Jr., 19 Oak Street, Wakefield, RI 02879		
<b>7</b> .	state: Real Estate	the business in which the limited liability company is actually engaged in this Holding  agers, the name and address of each manager of the limited liability company   Address		
File	FOR SECRETARY OF STATE USE ONLY C Date: //-5-0/	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.  MULAS, L.L.C.  Exact Name of Limited Liability Company  By  Partner  Title		
Ву:		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 99482	Annual Report for the year 2000		
1.	The name of the limited liability comp	any is:		
	MULAS, L.L.C.			
2. The address of the principal office of the limited liability company is:				
	19 Oak Street, Wakefield, R	1 02879		
3.	The state or other jurisdiction under t	he laws of which it is formed is RHODE ISLAND		
4.	The name and address of its resident	tagent is: DONALD J. LALLY, JR.		
	19 OAK STREET WAKEFIELD RI O	2879		
5.	The current mailing address of the lin	nited liability company and the name or title of a person to whom communications		
	may be directed are: Donald J.	Lally, Jr., 19 Oak Street, Wakefield, RI 02879		
6.	A brief statement of the character of	f the business in which the limited liability company is actually engaged in this		
	state: Real Estate Holding	Company		
7.	If the limited liability company has ma ivame	nagers, the name and address of each manager of the limited liability company  Address		
Da	ted September 12, 2000	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and		
	10 10110 10114 91991 19110 110	that all statements contained herein are true and correct.		
		MULAS, L.L.C.		
		Exact Name of Limited Liability Company		
File	FOR SECRETARY OF STATE USE ONLY Date: 0/29	By July		
Che	ck No.: 174	Bartner		
By:	ai	<i>Title</i> 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

	LIM	HED LIABILITY COMPANY		
ID	Number LL 99482	Annual Report for the year 1999		
1.	The name of the limited liability company is MULAS, L.L.C.	3:		
2.	The address of the principal office of the lir	mited fiability company is:		
3. 4.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND			
5.	19 OAK STREET WAKEFIELD, RI 02879			
6.	A brief statement of the character of the state:	business in which the limited liability company is actually engaged in this		
7.	Name 1.7.5	rs, the name and address of each manager of the limited liability company  Address		
Da	ted	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.  MULAS, LLC  Exact Name of Limited Liability Company		
File	FOR SECRETARY OF STATE USE ONLY Date: 9-33-99	By ( & Mellend President		
Chec By:	ck No.: 128 AMF	Title Form No. 632 Revised 01/99		