

FOR SECRETARY OF STATE USE ONLY

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

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1. 1D No. 105984	and the state of the time of time of the time of time of the time of time of time of the time of t					
3. State of Formation	ч	<del>-</del>	the character of the bus	siness which is actually conducted	in Rhode Island	• • • •
RHODE ISLAND		TO OWN REAL E	STATE			
5. Principal office address 190 EXCHANGE		r		City PAWTUCKET	State R I	Zip 02860
6. MAILING ADD	RESS C	F LIMITED LIA	BILITY COMPANY	AND NAME OR TITLE	OF CONTACT	PERSON:
Contact Name RICHARD A. RO	·			Contact Title MEMBER		
Street Address	Street Address 190 EXCHANGE STREET			City	State	Zip
			Onn obastr 111	. PAWTUCKET	RI	02860
7. NAME AND AD	نه د	FILL INSPACE	s bepore, using a	MITED LIABILITY COM TTACHMENTS CXP BOX I	OR ATTACIIMEN	ŋ 🗆
Manager Name	ANY M	ODIFICATIONS TO N	IANAGERS REQUIRE	S FILING OF AMENDMENT. I	R.I.G.L 7-16-12 (a)	(2) / 7-16-52
				•		
Sirces Address				· Sireet Address		
City		State	Zip	City	State	Zip
Munoger Name		J		Manager Name		
Street Address				Street Address		<del></del>
City:		State	Zip	City	State	Zip
8. RESIDENT AGE	T IN R	HODE ISLAND -DO	NOT ALTER- Char	iges require filing of F	orm 642 - R.I.C.	I., 7-16-11
Agent Name				Address		
JOHN J. PARTRI	DGE, E	SQ.		180 SOUTH MAIN	STREET	10.
Address				City		Zip
				PROVIDENCE		02903
This report must be	e signed	in ink by an au	horized person pu	rsuant to 7-16-66.		
*105984 DLLC 0	17	11:08:11 AM*		this report, includir	ig any accompanyi	d affirm that I have examined ng schedules and statements, in are true and correct.
By:	2	1826 4		RICHARD	ed Person A. ROTH	Dute



# 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 \_ Filing Period: September 1 · November 1 • Filing Fee: \$50.00 .

2004

1. TD No. 105984	Exchange Place, LL	2. Exact name of the limited itability company Exchange Place, LLC				
3. State of Formation RHODE ISLAN	, o. my master sps.	ion of the character of the bu	usiness which is actually conducted in	Rbode Island		
5. Principal office ad	dress	· <del>······</del>	City	State	1	
190 Excha 6. MAILING AUI Contact Name	nge Street RESS OF LIMITED 1148	ility company and	Pawtucket	1 .	<del>Ζφ</del>   02860	
Richard A	. Roth		Contact Title  Member			
Street Address				<del></del>		
190 Excha	nge Street		Chy Pawtucket	State	Ζψ	
7. NAME AND A	MORES OF FACE WAS	ell sorklæsekki	D LIABILITY COMPANS IF A	RI	02860	
	ANY MODIFICATIONS T	O MANAGERS REQUI	ATTACHMENTS ("X"BOX	COR HITACHMENT)		
manager Name	ANY MODIFICATIONS T	Ö MANAGERS REQUI	RES PILING OF AMENDMENT	R.I.G.L. 7-16-12 (a) (2)	/ 7·16.52	
Manager Name Street Address	ANY MODIFICATIONS T	O MANAGERS REQUI	KES LITTING OF VWENDWENT	R.T.G.L. 7-16-12 (a) (2)	/ <del>7-16-52</del>	
Street Address	ANY MODIFICATIONS TO	Ö MANAGERS REQUI	Manager Name	R.I.G.L. 7-16-12 (a) (2)	/ 7-16-52   Zip	
manager Name		a wandocto refuli	Manager Name  Manager Name  Street Address	(R.F.G.)2.7-16-12 (a) (2)		
Street Address  City  i  Manager Name		a wandocto refuli	Manager Name  Street Address  City  Manager Name	(R.F.G.)2.7-16-12 (a) (2)		
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Street Address  City  i  Manager Name		a wandocto refuli	Manager Name  Street Address  City  Manager Name	(R.F.G.)2.7-16-12 (a) (2)		
Street Address  City  Adanager Name  Street Address  City  Adanager Name  Street Address  City  B. RESIDENT AG	State State	Zip Zip	Manager Name  Street Address  City  Manager Name  Street Address  City  City  hanges require filing of Fort	State  State	Zip	
Sireet Address  City  Manager Name  Sireet Address	State  State  State  ENT IN RHODE ISLAND	Zip Zip	Manager Name  Street Address  City  Manager Name  Street Address  City  hanges require filing of Fort	State  State	Zip	

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

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File Date 12704
Check No. 47654
Ву:
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affi including any accompanying schedules and	rm that I I statemer	have us. ai	exami id that	ned this report,
contained heroin are true and correct.	19	3	loy	
Signature of Authorized Person	Date	<del></del>	-	
Richard Roth 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 2003

<i>1. ID No.</i> 105984	1	ge Place, LLC					
3. State of Formation	1	4. Brief description of the character of the business which is actually conducted in Rhode Island					
RHODE ISLAND	,	TO OWN REAL ES	TATE				
5. Principal office addition 190 EXCHANGE				City PAWTUCKET	State RI	<i>Zip</i> 02860	
6. MAILING ADD Contact Name RICHARD A ROT	· • • • • • • • • • • • • • • • • •	LIMITED LIABI	LITY COMPAN	YAND NAME OR TITLE  Contact Title  Member	OF CONTACT I	PERSON:	
Street Address EXCHANGE PLAC	E LLC 1	90 EXCHANGE	STREET	City PAWTUCKET	State RI	Zip 02860-	
Manager Name		FILL IN SPACES	BEFORE USING A	MITED LIABILITY COM ATTACHMENTS: ("X" BOX I ES FILING OF AMENDMENT.   • Manager Name	OR ATTACHMENT	) <b>-</b>	
Street Address				Street Address			
Street Address				*Street Address			
Street Address  City	s	State	Zip	• Street Address • City	State	Zip	
City	S	State	Zip	•	State	Zip	
	s	State	2ip	*City	State	Zip	
City Manager Name		State •••••••••••••••••••••••••••••••••••	Zip Zip	*City *Manager Name	State	Zip	
City Manager Name Street Address City	3	State	Zip	*City *Manager Name *Street Address *City	State	Zip	
City Manager Name Street Address City  8. RESIDENT AGE	3	State	Zip	*City *Manager Name *Street Address	State	Zip	
City Manager Name Street Address City	NT IN RHO	ODE ISLAND - DO	Zip	*Manager Name  *Street Address  City  Inges require filing of F	State orm 642 - R.I.G.	Zip	
City Street Address City 8. RESIDENT AGE	NT IN RHO	ODE ISLAND - DO	Zip	City  Manager Name  Street Address  City  Inges require filing of F  Address	State orm 642 - R.I.G.	Zip	

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



*105984 DLL	C 10/22/03 12:01:12 PM*
File Date	11-3-03
Check No.	118145
В <sub>У;</sub>	di
FOR SECRETAR	Y OF STATE USE ONLY

Under penalty of perjury, I declare and aff this report, including any accompanying s and that all statements contained herein ar	chedules a	and statements	
Wh.	- 10	124/03	
Signature of Authorized Person	Date 1	1	
Richard Roh Print or Type Name of Authorized Person			_
Print or Type Name of Authorized Person			
		Form 632	Rev. 6/02



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

Edward S. Inman, 111, 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

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. ID No. 2. Exact name of the limited liabilty company \*105984\* Exchange Place, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN REAL ESTATE 3. State of Formation **RHODE ISLAND** 5. Principal office address State 190 EXCHANGE STREET **PAWTUCKET** RI 02860 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title RICHARD A ROTH MEMBER Street Address City EXCHANGE PLACE LLC 190 EXCHANGE STREET PAWTUCKET RI 02860-7. 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 Street Address • Street Address City State State Zio Cirv Zio Manager Name Manager Name Street Address ·Street Address City State Cirv 8. RESIDENT AGENT IN RIIODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address JOHN J. PARTRIDGE, ESQ. 180 SOUTH MAIN STREET Address Zip PROVIDENCE 02903 This report must be signed in ink by an authorized person pursuant to 7-16-66. 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. \*105984 DLLC9/30/024:42:27 PM\* File Date\_ of Authorized Person Check No. RICHARD A. ROTH Print or Type Name of Authorized Person FOR SECRETARY OF STATE USE ONLY

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

#### **⊕** ,

Revised 01/99

#### LIMITED LIABILITY COMPANY

ID	Number DLLC 105984	Annual Report for the year 2001				
1.	The name of the limited liability compa	any is:				
	Exchange Place, LLC					
2.	The address of the principal office of	the limited liability company is:				
	190 Exchange Street, Pawt	ucket, RI 02860				
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: JOHN J. PARTRIDGE, ESQ.		agent is: JOHN J. PARTRIDGE, ESQ.				
	180 SOUTH MAIN STREET PROVID	DENCE RI 02903				
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: Excha	nge Place, LLC Attn: Richard A. Roth				
	190 E	xchange Street, Pawtucket, RI 02860				
6.	A brief statement of the character of state:  To own real estate	f the business in which the limited liability company is actually engaged in this				
7.		nagers, the name and address of each manager of the limited liability company  Address				
	None					
Da	ted 9/27/8/	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.				
	1 0 5 9 8 4	Exchange Place, LLC  Exact Name of Limited Liability Company				
File	FOR SECRETARY OF STATE USE ONLY Date: / - 3 - 5 /	ву				
Che	ck No.: 46 831	Richard A. Roth, Member Title				
	9000	Form No. 632				

Or.

Filing Fee: \$50.00

### To be filed annually between September 1 and November 1

Revised 01/99



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 105984

#### Annual Report for the year 2000

1.	The name of the limited liability compa	any is:				
	Exchange Place, LLC					
2.	The address of the principal office of t	he limited liability company is:				
	190 Exchange Street, Pawtuc	ket, RI 02860				
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: JOHN J. PARTRIDGE, ESQ.						
	180 SOUTH MAIN STREET PROVID	PENCE RI 02903				
5.	The current mailing address of the lim	ited liability company and the name or title of a person to whom communications				
	may be directed are: Exchange P1					
		e Street, Pawtucket, RI 02860				
6.		the business in which the limited liability company is actually engaged in this				
	state: To own real estate					
7.	If the limited liability company has man	nagers, the name and address of each manager of the limited liability company  Address				
	None	Accidess				
	None					
Da	ted	Under penalty of perjury, I declare and affirm that I have examined this				
	81 12211 99101 83110 18101 18111 818	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.				
	1 0 5 9 8 4	Exchange Place, LLC  Exact Name of Limited Liability Company				
	POR SECRETARY OF STATE USE ONLY	(DM)				
	Date: The first of the control of th	Ву				
Chc	ck No ·	Richard A. Roth, Member Tite				
	OCT 1 6 2000	7700 Form No. 632				