



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. 125685		2. Exact name of the limited liability company 115 Trenton Associates, LLC	
3. State of Formation R.I.		4. Brief description of the character of the business which is actually conducted in Rhode Island Land Holding Company	
5. Principal office address 7 Sherwood DR.		City Hopk	State R.I.
		Zip 02831	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name David Erickson		Contact Title member	
Street Address 7 Sherwood DR.		City Hopk	State R.I.
		Zip 02831	
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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 David Erickson		Address	
Address 7 Sherwood DR.		City Hopk	Zip 02831

05 SEP 20 05
RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

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

FILED

SEP 20 2005

By kmc

C77434

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] 9/20/05
Signature of Authorized Person Date

David Erickson
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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
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 <u>125685</u>		2. Exact name of the limited liability company <u>115 Trenton Associates LLC</u>	
3. State of Formation <u>R.I.</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Land Holding Company</u>	
5. Principal office address <u>7 Sherwood DR</u>		City <u>Hopk</u>	State <u>R.I.</u>
		Zip <u>02831</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>David Erickson</u>		Contact Title <u>Member</u>	
Street Address <u>7 Sherwood DR.</u>		City <u>Hopk</u>	State <u>R.I.</u>
		Zip <u>02831</u>	
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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <u>David Erickson</u>		Address	
Address <u>7 Sherwood DR</u>		City <u>Hopk</u>	Zip <u>02831</u>

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

FILED

SEP 20 2005

By KMC
C 77434

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] 9/20/05
Signature of Authorized Person Date

David Erickson
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY



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. 125685		2. Exact name of the limited liability company 115 TRENTON ASSOCIATES, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island LAND Holding company	
5. Principal office address 7 Sherwood DR.		City HOPE	State R.I.
		Zip 02831	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DAVID A. ERICKSON		Contact Title member	
Street Address 7 Sherwood Drive		City HOPE	State R.I.
		Zip 02831	
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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 DAVID A. ERICKSON		Address	
Address 7 SHERWOOD DRIVE		City HOPE	Zip 02831-

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



File Date	10/24/03
Check No.	197
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] **10/8/03**
Signature of Authorized Person Date
DAVID ERICKSON
Print or Type Name of Authorized Person