

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

(FORM MUST BE TYPE	D OR PR	INTED IN BLACK)						
1. 1D No. 93286	TDS Realty, LLC							
3. State of Formation		4. Brief description	of the character of the busin	ess which is actually condu	cted in Rhod	c Island		<del> </del>
RHODE ISLAND		OWN, DEVELOP	, AND MANAGE REAL	ESTATE				
5. Principal office addre	3.5		<del>,</del>	City		State		Zip
C/O NEW ENGLA	ND BOA	TWORKS, ONE	LAGOON ROAD	PORTSMOUTH		RI		02871
6. MAILING ADDI Consuct Name THOMAS C RICH		F LIMITED LIA	BILITY COMPANY /	AND NAME OR TITI *Contact Title . MEMBER	E OF CO	I ONTACT P	ERSON:	
Street Address				City		State		Zip
ONE LAGOON ROA	Œ.			PORTSMOUTH		RI		02871-
Manager Name	ANY MO		ES BEFORE USING ATT MANAGERS REQUIRES	FILING OF AMENDMEN  Manager Nume		<i>"ACHMENT)</i> I-16-12 (a) (2		
Street Address				· Street Address				
City		State	Zip	City		State		Zip
Manager Name			!	Manager Name	• • • • •	l	• • • • •	<u> </u>
Street Address		<del></del>		·Street Address		··	<u>.                                    </u>	
City		State	Zip	City		State		Zip
8. RESIDENT AGEN Agent Name	T IN RE	ODE ISLAND -0	00 NOT ALTER- Chang	es require filing of  Address	Form 6	ւ 42 - R.J.G.L	. 7-16-11	
STEVEN M. MCIN	INIS, E	SQ.		38 BELLEVUE	AVENUE			
Address				City Zip				<u>-</u>
				NEWPORT			02840	

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



*93286 D	LLC 09/02/05 12:51:27 PM*
File Dute	11-01-05
Check No	12426
B <u>v:</u>	1 <i>U</i> P
FOR SECRE	ETARY 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 of Authorized Person

THOMAS C. RICH

Print or Type Name of Authorized Person



Address

38 BELLEVUE AVENUE

## 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 401,222-3940

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

Filing Period: September 1 - November 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1 11) No 2. Exact name of the limited hability company TDS Realty, LLC 3 State of Formation a Biref description of the character of the business which is actually conducted in Rhode Island OWN, DEVELOP, AND MANAGE REAL ESTATE **RHODE ISLAND**  Principal office address State One Lagoon Road/ New England Boatworks 02871 Portsmouth RI 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contrict Name Contact Tule Thomas C. Rich Member Street Address -ittState One Lagoon Road Portsmouth RI 02871 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 Short Address Street Address State Zip State ZipStreet Address Street Address  $Cu_7$ State State  $Z_{i}p$ 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 STEVEN M. MCINNIS

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

NEWPORT



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 berein are true and correct.

Zip

02840

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THOMAS C. RICH



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

<u>(FORM MUST BE TYPE</u>								
1. ID No. *93286*	2. Exact name of the limited liability company TDS Realty, LLC							
3. State of Formation RHODE ISLAND  4. Brief description of the character of the busine own, DEVELOP, AND MANAGE REAL				iness which is actually conducted in Rhode Island L ESTATE				
5. Principal office addre	:55		City	1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 ' 1 '				
ONE LAGOON RO	AD/NE BOATWORK	(S	PORTSMOUTH	RI	02871			
	RESS OF LIMITE	LIABILITY COMP	ANY AND NAME OR TITLE	OF CONTACT PE	RSON:			
Contact Name THOMAS C RICI	н		Contact Title PRES	LOBOLT				
Street Address			City	State	Zip			
ONE LAGOON RD.			. PORTSMOUTH	RI	02871-			
7. NAME AND ADI	FILL IN	SPACES BEFORE USIN	LIMITED LIABILITY COM G ATTACHMENTS ("X" BOX UIRES FILING OF AMENDMENT.	FOR ATTACHMENT) 🗀	<b>)</b>			
Manager Name			•Manager Name • •					
Street Address			• Street Address					
City	State	Zip	City	State	Zip			
Manager Name	· · · · · · · · · · · · · · · · · · ·	·	Manager Name	· · · · · · · · · · · · · · · · · · ·				
Street Address		<del>.</del>	Sireei Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGEN	T IN RHODE ISLA	ND -DO NOT ALTER- C	hanges require filing of F	orm 642 - R.I.GL. 7	'-16-11			
Agent Name			Address					
STEVEN M. MCIN	INIS		38 BELLEVUE AV	38 BELLEVUE AVENUE				
Address	<del></del>		City	7	<i>Евр</i>			
			NEWPORT	i	02840			

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

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*93286	DLLC7/31/035:02:37 PM*
File Date	9-11-03
Check No.	11482
Β <sub>ν:</sub>	<u> a</u>
FOR SEC	RETARY 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.

Thomas C. Rich

Print or Type Name of Authorized Person

Form 632 Rev. 6/02



Edward S. Innian, 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 F	AIITILD IIT DE	ncnj					
1. ID No. *93286*	ar and the transfer of the tra							
3. State of Formation RHODE ISLAND 4. Brief description of the character of the OWN, DEVELOP, AND MANAGE R 5. Principal office address ONE LAGOON ROAD/NE BOATWORKS				business which is actually conducted in Rhode Island REAL ESTATE				
				City PORTSMOUTH	Zip 02871			
Contact Name	NDDRESS RICH	OF LIMITED	LIABILITY COMP	ANY AND NAME OR TITLE  Contact Title  Member	OF CONTACT PER	ISON:		
Sircei Address ONE LAGOON	PD.			Ciry PORTSMOUTH	State RI	Zip 02871 -		
		• . •						
	A RIV B	IODICIOATION	C TA 144414 ACEDS DEA	THE COUNTY OF ASSESSMENT OF	1 1 <i>1</i> 2 1 2 2 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1			
	ANY	IODIFICATION:	S TO MANAGERS REQ	WIRES FILING OF AMENDMENT. R  Manager Name	R.I.G.L 7-16-12 (a) (2) /	7-16-52		
Manager Name Street Address	ANY			• Manager Name • • Street Address •				
	ANY	State	S TO MANAGERS REQ	·Manager Name	State	7-16-52   Zip		
Street Address	ANY			• Manager Name • • Street Address •				
Street Address City	ANY			• Manager Name • Street Address • City				
Street Address  City  Manager Name	ANY			• Manager Name • Street Address • City • Manager Name				
Street Address  City  Manager Name  Street Address  City		State State	Zip Zip	Manager Name Street Address City Manager Name Street Address	State	Zip		
Street Address  City  Manager Name  Street Address  City		State State	Zip Zip	Manager Name Street Address City Manager Name Street Address	State	Zip		
Street Address  City  Manager Name  Street Address  City  8. RESIDENT A	AGENT IN P	State State	Zip Zip	Manager Name  Street Address  City  Manager Name  Street Address  City  City	State State Orm 642 - R.J.G.L. 7-	Zip		
Street Address  City  Manager Name  Street Address  City  8. RESIDENT A Agent Name	AGENT IN P	State State	Zip Zip	Manager Name  Street Address  City  Manager Name  Street Address  City  Address	State State State  State  ENUE	Zip		

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

93286 DL	LC8/2 FILEDM.
Cifaet No.	ECT 07 2002
By: FOR SECRET	TARY 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.

Sanature of Authorized Person

Thomas C. Rich

Print or Type Name of Authorized Person

Form 632 Rev. 6/02

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

#### - CP- +

#### LIMITED LIABILITY COMPANY

IU	Number DLLC 93286	Annual Report for the year 2001				
1.	The name of the limited liability comp	eany is:				
	TDS Realty, LLC					
2.	The address of the principal office of the limited liability company is:  c/o New England Boatworks, One Lagoon Road, Portsmouth, RI 02871					
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: STEVEN M. MCINNIS				
	38 BELLEVUE AVENUE NEWPORT	RI 02840				
5.	nited liability_c <u>ompany and</u> the name or title of a person to whom communications Rich					
	c/o New England Boatworks,	Inc. One Lagoon Road, Portsmouth, RI 02871				
<ul><li>6.</li><li>7.</li></ul>	state: Own, develop and mana	of the business in which the limited liability company is actually engaged in this ge real estate.  Inagers, the name and address of each manager of the limited liability company  Address				
Dat	ted September 7, 200	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.  TDS REALTY, LLC  Exact Name of Limited Liability Company				
	FOR SECRETARY OF STATE USE ONLY Date: 7 - 26 - 0	By [ C [ ]				
Che	ck No.: 10329	Thomas C. Rich, President Title				
Ву:	2.	Form No. 632 Revised 01/99				

DETACH BOTTOM BEFORE RETURNING

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 93286	Annual Report for the year 2000				
1.	The name of the limited liability comp	eany is:				
	TDS Realty, LLC					
2.	The address of the principal office of the limited liability company is:  c/o New England Boatworks, Inc. One Lagoon Road, Portsmouth, RI 02871					
3.	The state or other jurisdiction under t	the laws of which it is formed is RHODE ISLAND				
4.	The name and address of its residen	tagentis: STEVEN M. MCINNIS				
	38 BELLEVUE AVENUE NEWPORT	T R1 02840				
5.	The current mailing address of the lin	mited liability company and the name or title of a person to whom communications				
	may be directed are: Thomas C. Rich					
	c/o New England Boatworks,	Inc., One Lagoon Road, Portsmouth, RI 02871				
6. A brief statement of the character of the business in which the limited liability company is actually engaged state:  Own, develop and manage real estate						
7.	N/A	anagers, the name and address of each manager of the limited liability company  **Address***				
Da	Sept 13 2000	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.  TDS REALTY, LLC  Exact Name of Limited Liability Company				
File	FOR SECRETARY OF STATE USE ONLY Date: 10/3	Ву				
Ch	eck No.: 9032	Thomas C. Rich, President Tide  Form No. 632				

Filing Fee: \$50.00

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

Form No. 632



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

	ι	LIMITED LIABILITY COMPANY				
ID	Number LL 93286	Annual Report for the year 1999				
1.	The name of the limited liability compa	iny is:				
	TDS Realty, LLC					
2.	. The address of the principal office of the limited liability company is:  c/o New England Boatworks, Inc. One Lagoon Road, Portsmouth, RI 02871					
3.	The state or other jurisdiction under th	e laws of which it is formed is RHODE ISLAND				
4.	The name and address of its resident	agent is: STEVEN M. MCINNIS				
	38 BELLEVUE AVENUE NEWPORT	. RI 02840				
6.	The current mailing address of the limited liability company and the name or title of a person to whom communication may be directed are:  Thomas C. Rich, c/o New England Boatworks, Inc., One Lagoon Road,  Portsmouth, RI 02871  A brief statement of the character of the business in which the limited liability company is actually engaged in the character of the business in which the limited liability company is actually engaged in the character of the business in which the limited liability company is actually engaged in the character of the business in which the limited liability company is actually engaged in the character of the business in which the limited liability company is actually engaged in the character of the business in which the limited liability company is actually engaged in the character of the business in which the limited liability company is actually engaged in the character of the business in which the limited liability company is actually engaged in the character of the business in which the limited liability company is actually engaged in the character of the business in which the limited liability company is actually engaged in the character of the business in which the limited liability company is actually engaged in the character of the limited liability company is actually engaged.					
	state: Ownership and managem					
7.		nagers, the name and address of each manager of the limited liability company  Address				
D	ated 10-8-19	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.  TDS REALTY, LLC  Exact Name of Limited Liability Company				
	FOR SECRETARY OF STATE USE ONLY e Date: 10-12-99	By Thomas C. Rich, President				
Ch	leck No.: // 30	Title				



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

		IMITED LIABILITY COMPANY
ID	Number <u>LL 93286</u>	Annual Report for the year 1998
1.	The name of the limited liability compar	ny is:
	TDS Realty, LLC	
2.	The address of the principal office of th	
	c/o New England Boatworks	, Inc. One Lagoon Road, Portsmouth, RI 02871
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 a	gent is: STEVEN M. MCINNIS
	38 BELLEVUE AVENUE NEWPORT,	<del></del>
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: _	Thomas C. Rich, c/o New England Boatworks, Inc.
		One Lagoon Road, Portsmouth, RI 02871
<ol> <li>7.</li> </ol>	state: Ownership and management	he business in which the limited liability company is actually engaged in this t of real estate  agers, the name and address of each manager of the limited liability company
	Name N/A	Address
		<del>-</del>
Dat	ed SEDS 15.19 98	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.  TDS Realty, LLC
I	FOR SECRETARY OF STATE USE ONLY	Exact Name of Limited Liability Company
File I	Date: 9.30.98	- $C$ $($ $)$ $O$
Chec	k No.: 1065	By Pres.
Ву:	isp	Thomas C. Rich, President Title
		Form No. LL C-19