



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

2005

**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 BLACK)

|  |       |   |                                   |              |     |
|--|-------|---|-----------------------------------|--------------|-----|
| 1. UZ No<br>70884  |       | 2. Exact name of the limited liability company<br>145 MAIN STREET, L.L.C.   |                                   |              |     |
| 3. State of Formation<br>RHODE ISLAND  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>OWNERSHIP & MANAGEMENT OF INVESTMENT REAL ESTATE |                                   |              |     |
| 5. Principal office address<br>99 Tupelo Street  |       | City<br>Bristol   | State<br>R.I.                     | Zip<br>02809 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |   |                                   |              |     |
| Contact Name<br>Edward J. Cox II   |       |   | Contact Title<br>Registered Agent |              |     |
| Street Address<br>99 Tupelo Street   |       | City<br>Bristol   | State<br>R.I.                     | Zip<br>02809 |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>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 | Zip   | 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<br>EDWARD J. COX, II  |       |   | Address                           |              |     |
| Address<br>99 TUPELO STREET  |       |   | City<br>BRISTOL                   | Zip<br>02809 |     |

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



File Date **FILED** \*70884\*

Check No. **SEP 01 2005**

By: **By 7938**

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.

*Edward J. Cox II* 8-30-05  
 Signature of Authorized Person Date  
 Edward J. Cox II CPA  
 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<br><b>70884</b>   |       | 2. Exact name of the limited liability company<br><b>145 MAIN STREET, L.L.C.</b>   |  |                     |     |
| 3. State of Formation<br><b>RHODE ISLAND</b>   |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>OWNERSHIP &amp; MANAGEMENT OF INVESTMENT REAL ESTATE</b> |  |                     |     |
| 5. Principal office address<br><b>99 Tupelo Street</b>   |       | City<br><b>Bristol</b>   | State<br><b>R.I.</b>                   | Zip<br><b>02809</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |  |  |                     |     |
| Contact Name<br><b>Edward J. Cox II</b>  |       |  | Contact Title<br><b>Resident Agent</b> |                     |     |
| Street Address<br><b>99 Tupelo Street</b>  |       | City<br><b>Bristol</b>   | State<br><b>R.I.</b>                   | Zip<br><b>02809</b> |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |       |  |  |                     |     |
| Manager Name<br><b>[Signature]</b>   |       |  | Manager Name                           |                     |     |
| Street Address   |       |  | Street Address                         |                     |     |
| City   | State | Zip  | 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<br><b>EDWARD J. COX II</b>  |       |  | Address                                |                     |     |
| Address<br><b>99 TUPELO STREET</b>   |       |  | City<br><b>BRISTOL</b>                 | Zip<br><b>02809</b> |     |

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



\* 7 0 8 8 4 \*

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.

File Date 9/28/04  
Check No 7588  
By DA  
FOR SECRETARY OF STATE USE ONLY

[Signature] 9-23-04  
Signature of Authorized Person Date  
EDWARD J. COX II  
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 02903-1535  
 401-222-3949

**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.<br><b>70884</b>  |       | 2. Exact name of the limited liability company:<br><b>145 MAIN STREET, L.L.C.</b>  |                      |
| 3. State of Formation<br><b>RHODE ISLAND</b>   |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>OWNERSHIP &amp; MANAGEMENT OF INVESTMENT REAL ESTATE</b> |                      |
| 5. Principal office address<br><b>99 Tupelo Street</b>   |       | City<br><b>Bristol</b>   | State<br><b>R.I.</b> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |  |                      |
| Contact Name<br><b>Edward J. Cox II</b>  |       | Contact Title<br><b>Resident Agent</b>   |                      |
| Street Address<br><b>99 Tupelo Street</b>  |       | City<br><b>Bristol</b>   | State<br><b>RI</b>   |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>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 | Zip  | City                 |
|  |       |  |                      |
| Manager Name   |       | Manager Name   |                      |
| Street Address   |       | Street Address   |                      |
| City   | State | Zip  | City                 |
|  |       |  |                      |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11   |       |  |                      |
| Agent Name<br><b>EDWARD J. COX, II</b>   |       | Address  |                      |
| Address<br><b>99 TUPELO STREET</b>   |       | City<br><b>BRISTOL</b>   | Zip<br><b>02809</b>  |

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



\* 7 0 8 8 4 \*

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.

File Date 9-5-03  
 Check No 7091  
 By [Signature]  
 FOR SECRETARY OF STATE USE ONLY

[Signature] 9/3/03  
 Signature of Authorized Person Date  
Edward J. Cox II  
 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.<br>70884   |       | 2. Exact name of the limited liability company<br>145 MAIN STREET, L.L.C.   |               |
| 3. State of Formation<br>RHODE ISLAND  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>OWNERSHIP & MANAGEMENT OF INVESTMENT REAL ESTATE |               |
| 5. Principal office address<br>99 Tupelo Street  |       | City<br>Bristol   | State<br>R.I. |
|  |       |   | Zip<br>02809  |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |   |               |
| Contact Name<br>Edward J. Cox II   |       | Contact Title<br>Resident Agent   |               |
| Street Address<br>99 Tupelo Street   |       | City<br>BRISTOL   | State<br>R.I. |
|  |       |   | Zip<br>02809  |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>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 | Zip   | City          |
|  |       |   |               |
| Manager Name   |       | Manager Name  |               |
| Street Address   |       | Street Address  |               |
| City   | State | Zip   | City          |
|  |       |   |               |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11   |       |   |               |
| Agent Name<br>EDWARD J. COX, II  |       | Address   |               |
| Address<br>99 TUPELO STREET  |       | City<br>BRISTOL   | Zip<br>02809  |

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



\* 7 0 8 8 4 \*

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.

File Date: 8-30-02  
Check No.: 6455  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person: [Signature] Date: 8/28/02  
Print or type Name of Authorized Person: Edward J. Cox II

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 70884

Annual Report for the year 2001

1. The name of the limited liability company is:

145 MAIN STREET, L.L.C.

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

99 Tupelo Street, Bristol, RI 02809

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: EDWARD J. COX, II

99 TUPELO STREET BRISTOL RI 02809

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: Edward J. Cox II, Registered Agent

99 Tupelo Street, Bristol, RI 02809

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

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

Edward J. Cox II

99 Tupelo Street, Bristol, RI 02809

Dated August 28, 2001

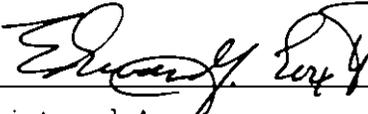


7 0 8 8 4

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.

45 Main Street, LLC

*Exact Name of Limited Liability Company*

By 

Registered Agent

*Title*

Form No. 632  
Revised 01/99

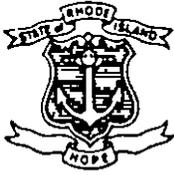
|                                 |  |
|---------------------------------|--|
| FOR SECRETARY OF STATE USE ONLY |  |
| File Date:                      | <u>8-30-01</u>   |
| Check No.:                      | <u>50705</u>   |
| By:                             | <u></u> |

**DETACH BOTTOM BEFORE RETURNING**

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

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 70884

Annual Report for the year 2000

1. The name of the limited liability company is:

145 MAIN STREET, L.L.C.

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

99 Tupelo Street, Bristol, RI 02809

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: EDWARD J. COX, II

99 TUPELO STREET BRISTOL RI 02809

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: Edward J. Cox, II

99 Tupelo Street, Bristol, RI 02809

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

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

*Name*

*Address*

Dated 9/5/2000

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.



145 Main Street, LLC

*Exact Name of Limited Liability Company*

By *Edward J. Cox, II*

Edward J. Cox, II Resident Agent

*Title*

FOR SECRETARY OF STATE USE ONLY  
File Date: 9-7-00  
Check No.: 5486  
By: AMF

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 LL 70884

Annual Report for the year 1999

- The name of the limited liability company is:  
145 MAIN STREET, L.L.C.
- The address of the principal office of the limited liability company is:  
99 Tupelo Street, Bristol, RI 02809
- The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
- The name and address of its resident agent is: EDWARD J. COX, II  
99 TUPELO STREET BRISTOL, RI 02809
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Edward J. Cox, II, Registered Agent  
99 Tupelo Street, Bristol, RI 02809
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Rental Real Estate
- 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>Edward J. Cox, II</u> | <u>99 Tupelo Street, Bristol, RI 02809</u> |
| _____                    | _____                                      |
| _____                    | _____                                      |

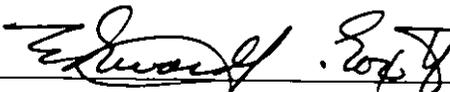
Dated August 30, 1999



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.

145 Main Street, LLC

*Exact Name of Limited Liability Company*

By   
Registered Agent  
Title

|                                 |  |
|---------------------------------|--|
| FOR SECRETARY OF STATE USE ONLY |  |
| File Date: <u>9-1-99</u>        |  |
| Check No.: <u>5104</u>          |  |
| By: <u>AMF</u>                  |  |

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 LL 70884

Annual Report for the year 1998

1. The name of the limited liability company is:

145 MAIN STREET, L.L.C.

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

99 Tupelo Street, Bristol, RI 02809

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: EDWARD J. COX, II

99 TUPELO STREET BRISTOL, RI 02809

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: Edward J. Cox, II, Registered Agent

99 Tupelo Street, Bristol, RI 02809

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

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

*Name*

*Address*

Edward J. Cox, II

99 Tupelo Street, Bristol, RI 02809

Dated 9/3, 1998

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.



145 Main Street, LLC

*Exact Name of Limited Liability Company*

By *Edward J. Cox, II*

Registered Agent

*Title*

|                                 |               |
|---------------------------------|---------------|
| FOR SECRETARY OF STATE USE ONLY |               |
| File Date:                      | <u>9.4.98</u> |
| Check No.:                      | <u>4772</u>   |
| By:                             | <u>ICP</u>    |

Form No. LLC-19  
Revised 8/97

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

**LIMITED LIABILITY COMPANY**

ID Number 0070884

Annual Report for the year 1997

1. The name of the limited liability company is:

145 MAIN STREET, L.L.C.

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

99 Tupelo Street Bristol, RI 02809

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: Edward J. Cox II 99 Tupelo Street Bristol, RI 02809

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: Edward J. Cox II 99 Tupelo Street Bristol, RI 02809

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

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

*Name*

*Address*

Joseph M. Brito, Sr.

Palm Air Condominiums  
Bldg. 95B #203, 823 Cypress Blvd., Pompano Beach, FL 33069

Joseph M. Brito, Jr.

16 Sheffield Avenue Bristol, RI 02809

Dated 8-25, 1997

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.

145 Main Street, L.L.C.

*Exact Name of Limited Liability Company*

By

Registered Agent

*Title*

**PAID**  
**SEP 03 1997**  
**SECY OF STATE**  
UD 4193

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**  
**Corporation Division**  
**100 North Main Street**  
**Providence, RI 02903-1335**

**LIMITED LIABILITY COMPANY**

LLC I.D.# 70884

Annual Report for the year **1996**

**FIRST:** The name of the limited liability company is: **145 MAIN STREET, L.L.C.**

**SECOND:** The address of the principal office of the limited liability company is:

99 Tupelo Street Bristol, RI 02809

**THIRD:** The state or other jurisdiction under the laws of which it is formed is: **Rhode Island**

**FOURTH:** The name and address of its resident agent is:

Edward J. Cox II 99 Tupelo Street Bristol, RI 02809

**FIFTH:** The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

Edward J. Cox II 99 Tupelo Street Bristol, RI 02809

**SIXTH:** A brief statement of the character of the business in which the corporation is actually engaged in this state:

Rental Real Estate

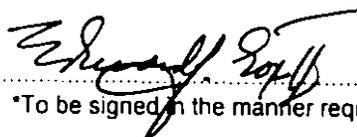
Dated 8/22/ 19 96

145 Main Street, L.L.C.

Exact Name of Limited Liability Company

|                                 |      |
|---------------------------------|------|
| File Date:                      | 9/4  |
| Check No:                       | 3765 |
| By:                             | EC   |
| For Secretary of State Use Only |      |

\*By



\*To be signed in the manner required by the home state.

Title Registered Agent

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  
Corporation Division  
100 North Main Street  
Providence, RI 02903-1335

**LIMITED LIABILITY COMPANY**

LLC I.D. # 0070584

Annual Report for the year 1995

**FIRST:** The name of the limited liability company is:

145 MAIN STREET, L.L.C.

**SECOND:** The address of the principal office of the limited liability company is:

101 Tupelo Street

Bristol, RI 02809

**THIRD:** The state or other jurisdiction under the laws of which it is formed is:

Rhode Island

**FOURTH:** The name and address of its resident agent is:

Edward J. Cox, II

99 Tupelo Street

Bristol, RI 02809

**FIFTH:** The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

Edward J. Cox, II

101 Tupelo St.

Bristol, RI 02809

**SIXTH:** A brief statement of the character of the business in which the corporation is actually engaged in this state:

Ownership and Management of Investment Real Estate

Dated 9/1/ 19 95

145 Main Street, L.L.C.

Exact Name of Limited Liability Company

99 Tupelo St.

\*By *Edward J. Cox, II*

Title Resident Agent

**FILED**

SEP 28 1995

By *cc 3313*

\*To be signed in the manner required by the home state.

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

*Chart 2392 mnc*  
File Annually  
I.L.C. Sept. 1 - Nov. 1  
CORP. Jan. 1 - March 1

Corporate ID: 0070884 Annual Report for the year: 1994

Name of Business Entity: 145 Main Street, L.L.C.

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

or foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

101 Tupelo Street  
Bristol, RI 02809

Phone: (401) 253-9277

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1-1)
- Professional Service Corporation (See RIGL Chapter 7-5-1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Edward J. Cox, II  
99 Tupelo Street  
Bristol, RI 02809

Brief statement of the character of business conducted in Rhode Island:

Rental Real Estate and Development

Date of Organization: 12/29/92 *01/01/93 mnc*

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

| OFFICE  | NAME                 | STREET ADDRESS       | CITY/STATE  | ZIP CODE |
|---|----------------------|----------------------|-------------|----------|
| <input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input type="checkbox"/> RESIDENT AGENT            | Joseph M. Brito      | 375 Poppasquash Rd., | Bristol, RI | 02809    |
| <input checked="" type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> VICE PRESIDENT/CONTROLLER | Joseph M. Brito      | 375 Poppasquash Rd., | Bristol, RI | 02809    |
| <input checked="" type="checkbox"/> CLERK OF RECORDS OR <input type="checkbox"/> SECRETARY/CLERK                  | Joseph M. Brito, Jr. | 16 Sheffield Ave.,   | Bristol, RI | 02809    |
| <input checked="" type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> VICE PRESIDENT/CONTROLLER | Joseph M. Brito, Jr. | 16 Sheffield Ave.,   | Bristol, RI | 02809    |

THE NAMES OF THE DIRECTORS ARE:

| NAME                 | STREET ADDRESS        | CITY/STATE        | ZIP CODE |
|----------------------|-----------------------|-------------------|----------|
| Joseph M. Brito      | 375 Poppasquash Rd.,  | Bristol, RI       | 02809    |
| Joseph M. Brito, Jr. | 16 Sheffield Ave.,    | Bristol, RI       | 02809    |
| Cesar Brito          | 1340 So. Ocean Blvd., | Pompano Beach, FL | 33062    |

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER

NUMBER

CLASS

CLASS

SERIES

SERIES

PAR VALUE OR WITHOUT PAR

PAR VALUE OR WITHOUT PAR

Date: August 23, 1994

By: *Joseph M. Brito*

Joseph M. Brito  
NAME OR TITLE, NAME, OR OFFICE OF OFFICER SIGNING  
Partner  
TITLE OF OFFICER SIGNING

m 3' 194

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form I.L.C. 3 must be filed

EDWARD J. COX, II  
99 TUPELO STREET  
BRISTOL RI 02809