



**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 <b>122188</b>		2. Exact name of the limited liability company <b>B &amp; D ENTERPRISES, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE HOLDING COMPANY</b>			
5. Principal office address <b>3102 Manton Pond Way</b>		City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>William J. Potvin</b>			Contact Title <b>Vice President</b>		
Street Address <b>3102 Manton Pond Way</b>		City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 <b>REVENS, REVENS &amp; ST. PIERRE</b>			Address		
Address <b>946 CENTERVILLE ROAD</b>			City <b>WARWICK</b>	Zip <b>02886</b>	

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



\*122188\*

File Date 11-08-05  
 Check No. 277  
 By: WJP  
 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.

William J Potvin  
 Signature of Authorized Person Date

William J. Potvin  
 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 02903-1515
401.222.3600

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)

Form with fields for: 1. ID No (122188), 2. Exact name of the limited liability company (B & D ENTERPRISES, LLC), 3. State of Formation (RHODE ISLAND), 4. Brief description of the character of the business (REAL ESTATE HOLDING COMPANY), 5. Principal office address (3102 Manton Pond Way, Lincoln, RI, 02865), 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: (William J. Potvin, Vice President, 3102 Manton Pond Way, Lincoln, RI, 02865), 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE, 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 (REVENS, REVENS & ST. PIERRE, 946 CENTERVILLE ROAD, WARWICK, 02886).

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



\* 1 2 2 1 8 8 \*

File Date: 9/28/04
Check No: 771
By: DA
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 of Authorized Person: William J. Potvin
Date: 9-14-04

Print or Type Name of Authorized Person: William J. Potvin



**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 <b>122188</b>		2 Exact name of the limited liability company <b>B &amp; D ENTERPRISES, LLC</b>			
3 State of Formation <b>RHODE ISLAND</b>		4 Brief description of the character of the business which is actually conducted in Rhode Island <b>Real estate holding company</b>			
5 Principal office address <b>3102 Manton Pond Way</b>		City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>William J. Potvin</b>			Contact Title <b>Vice President</b>		
Street Address <b>3102 Manton Pond Way</b>		City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 <b>REVENS, REVENS &amp; ST. PIERRE</b>			Address		
Address <b>946 CENTERVILLE ROAD</b>			City <b>WARWICK</b>	Zip <b>02886</b>	

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



\* 1 2 2 1 8 8 \*

File Date **RECEIVED**

Check No. **APR 07 2004**

By: **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.

**William J Potvin** 2/19/04  
Signature of Authorized Person Date

**William J. Potvin**  
Print or Type Name of Authorized Person