



**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 121689		2 Exact name of the limited liability company PHYL-TOP CRANSTON, LLC			
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island TO DEVELOP, OWN, OPERATE AND LEASE CERTAIN REAL ESTATE			
5 Principal office address 141 CAMPANELLI DRIVE		City BRAINTREE	State MA	Zip 02184-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MARC ATKIN		Contact Title			
Street Address 141 CAMPANELLI DRIVE		City BRAINTREE	State MA	Zip 02184-	
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 MARC S. ATKIN		Manager Name Sheryl A. McKanas			
Street Address 141 CAMPANELLI DRIVE		Street Address 141 CAMPANELLI DRIVE			
City BRAINTREE	State MA	Zip 02184	City BRAINTREE	State MA	Zip 02184
Manager Name Arnold Arkin		Manager Name			
Street Address 141 CAMPANELLI DRIVE		Street Address			
City BRAINTREE	State MA	Zip 02184	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 MICHAEL R. GOLDENBERG, ESQ.		Address 10 WEYBOSSET STREET			
Address GOLDENBERG & MURI LLP		City PROVIDENCE	Zip 02903		

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



1 2 1 6 8 9

\*121689 DLLC 08/31/05 11:59:50 AM\*

File Date 10/16/2005

Check No 1077

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] 9/6/05  
Signature of Authorized Person Date

Marc S. Atkin, Manager

Print or Type Name of Authorized Person

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

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1. ID No. 121689		2. Exact name of the limited liability company PHYL-TOP CRANSTON, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO DEVELOP, OWN, OPERATE AND LEASE CERTAIN REAL ESTATE	
5. Principal office address 141 CAMPANELLI DRIVE		City BRAINTREE	State MA Zip 02184-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MARC ATKIN		Contact Title MANAGER	
Street Address 141 CAMPANELLI DRIVE		City BRAINTREE	State MA Zip 02184-
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 Marc S. Atkin		Manager Name Sheryl A. McKanas	
Street Address 141 Campanelli Drive		Street Address 141 Campanelli Drive	
City Braintree	State MA	Zip 02184	City Braintree
State MA	Zip 02184	City Braintree	State MA
Zip 02184	City Braintree	State MA	Zip 02184
Manager Name Arnold Atkin		Manager Name	
Street Address 141 Campanelli Drive		Street Address	
City Braintree	State MA	Zip 02184	City
State MA	Zip 02184	City	State
Zip 02184	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 MICHAEL R. GOLDENBERG, ESQ.		Address 10 WEYBOSSET STREET	
Address GOLDENBERG & MURI LLP		City PROVIDENCE	Zip 02903-

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



\*121689 DLLC 09/09/04 01:16:59 PM\*

File Date 10/7/04

Check No. 1059

By: W

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.

Marc S. Atkin 9/28/04  
Signature of Authorized Person Date

Marc S. Atkin, Manager  
Print or Type Name of Authorized Person



**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. 121689		2. Exact name of the limited liability company PHYL-TOP CRANSTON, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO DEVELOP, OWN, OPERATE AND LEASE CERTAIN REAL ESTATE			
5. Principal office address 141 CAMPANELLI DRIVE		City BRAintree	State MA	Zip 02184	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MARC S. ATKIN			Contact Title MANAGER		
Street Address 141 CAMPANELLI DRIVE		City BRAintree	State MA	Zip 02184-	
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 (b) (2) / 7-16-52					
Manager Name MARC S. ATKIN		*Manager Name SHERYL A. MCKANAS			
Street Address 141 CAMPANELLI DRIVE		*Street Address 141 CAMPANELLI DRIVE			
City BRAintree	State MA	Zip 02184	*City BRAintree	*State MA	*Zip 02184
*Manager Name ARNOLD ATKIN		*Manager Name			
Street Address 141 CAMPANELLI DRIVE		*Street Address			
City BRAintree	State MA	Zip 02184	*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 MICHAEL R. GOLDENBERG, ESQ.			Address 10 WEYBOSSET STREET		
Address GOLDENBERG & MURI LLP		City PROVIDENCE	Zip 02903-		

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



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\*121689 DLLC 09/17/03 05:09:35 PM\*

File Date 10/23/03

Check No. 1039

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

Marc S. Atkin, Manager  
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. *121689*		2. Exact name of the limited liability company PHYL-TOP CRANSTON, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO DEVELOP, OWN, OPERATE AND LEASE CERTAIN REAL ESTATE	
5. Principal office address		City	State
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Marc Atkin		Contact Title Manager	
Street Address 141 Campanelli Drive		City Braintree	State MA
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		Zip 02184	
Manager Name Marc Atkin		*Manager Name Sheryl A. McKanas	
Street Address 141 Campanelli Drive		*Street Address 141 Campanelli Drive	
City Braintree	State MA	Zip 02184	*City Braintree
Manager Name Arnold Atkin	*Manager Name		*State MA
Street Address 141 Campanelli Drive		*Street Address	
City Braintree	State MA	Zip 02184	*City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11		Address	
Agent Name MICHAEL R. GOLDENBERG		10 WEYBOSSET STREET, SUITE 200	
Address		City PROVIDENCE	State 02903-

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



\* 1 2 1 6 8 9 \*

\*121689 DLLC9/27/023:39:24 PM\*

File Date 10-30-02

Check No. 51035

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] 10/12/02  
Signature of Authorized Person Date

Marc S. Atkin, Manager  
Print or Type Name of Authorized Person