



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. 130890		2. Exact name of the limited liability company Thirty-Three Come, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN AND MANAGE REAL ESTATE	
5. Principal office address 7 CENTRAL AVENUE		City NORTH PROVIDENCE	State RI
			Zip 02911-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DONALD CLARK		Contact Title	
Street Address 6 WASHAKIE AVENUE		City NORTH PROVIDENCE	State RI
			Zip 02911-
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	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 WILLIAM W. CORCORAN, ESQ.		Address 31 AMERICA'S CUP AVENUE	
Address		City NEWPORT	Zip 02840-

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



1 3 0 8 9 0

130890 DLLC 09/13/05 04:31:01 PM

File Date 10/13/05

Check No. 281

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.

Donald Clark Oct. 7, 2005
Signature of Authorized Person Date

Donald Clark
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. 130890		2. Exact name of the limited liability company Thirty-Three Come, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island own and manage real estate	
5. Principal office address 7 CENTRAL AVENUE		City NORTH PROVIDENCE	State RI
		Zip 02911-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Donald Clark		Contact Title	
Street Address 6 Washakie Avenue		City N. Providence	State RI
		Zip 02911	
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	
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City	State	City	State
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8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER Changes require filing of Form 642 - R.I.G.L 7-16-11			
Agent Name WILLIAM W. CORCORAN, ESQ.		Address 31 AMERICA'S CUP AVENUE	
Address		City NEWPORT	Zip 02840-

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



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130890 DLLC 09/27/04 02:34:17 PM
File Date <u>10/1/04</u>
Check No. <u>262</u>
By: <u>DA</u>
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.

Donald Clark Sept 29, 2004
Signature of Authorized Person Date

Donald Clark
Print or Type Name of Authorized Person