

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR_ 2005

(FORM MUST BE TYPED	OR PRINTED IN BLACK)	• Filing Fee: 5	,,		
1. II) No.	2. Exact name of the limi				
	21 Tews Court, LLC				
3. State of Formation	4. Brief descript	tion of the character of the	business which is actually conducted in Rho-	de Island	
RHODE ISLAND	RENTAL RE	AL ESTATE			
5. Principal office address			City	State	Zip
56 Popl	an Street		Newport	RI	02840
6. MAILING ADDRES	SS OF LIMITED LIAB	JILITY COMPANY AI	ND NAME OR TITLE OF CONTACT	PERSON.	1 62040
Connect Name			Contact Title	PERSON:	
DEBORE	an Arno	111	Membek		
Street Address			Chy	State	Zip
_ 56 Po	plan Stee	?e1	NEWPORT	RI	02840
7. NAME AND ADDA	ESS OF EACH MANA	GER OF THE LIMIT	ED LIABILITY COMPANY, IP APP	LICABLE	
	LIT'T [14 2]	PACES BEFORE USII	NG ATTACHWENTS /*Y** DAY E/	A ATTACHIBACAITE	
Manager	MODIFICATIONS 1	O MANAGERS REQU	JIRES FILING OF AMENDMENT, R	.I.G.L. 7-16-12 (a) (2) /	7-16-52
Manager Name			Manager Name		
Street Address			Street Address		
Clty	State	Z.ip	City	State	Zip
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Manager Name			Manager Name	• • • • • • • • • • • • • • • • • • • •	••••••
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City		Z(p	: City	State	Ζφ
City	State	1 '	,	J 211141.	2.40
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3. RESIDENT AGENT		·	Changes require filing of Form 6		
3. RESIDENT AGENT		·			
B. RESIDENT AGENT Agent Name DEBORAH R. ARNOLD		·	Changes require filing of Form 6		
B. RESIDENT AGENT Agent Name DEBORAH R. ARNOLD Address		·	Changes require filing of Form 6	642 - R.J.G.L. 7-16-11	
Cuy 8. RESIDENT AGENT Agent Name DEBORAH R. ARNOLD Address 56 POPLAR STREET		·	Changes require filing of Form 6		<u></u>

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

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File Date FILE 190°					
Check No.	SEP 0 8 2005				
Ву:	By 1633 CAM				
F	OR 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.

Debatal R. Cimel 4 9/105
Signature of Authorized Person Date

Print or Type Name of Authorited Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

100 North Main Street Providence, RI 02903-1335 401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2004

	tember 1 - November 1 ED OR PRINTED IN BIACK)	• Filing Fee: \$	50.00		<u></u> _		
1. 1/2 No. 121190	2 Exact name of the limited 21 Tews Court, LLC	l liability company					
3 State of Formation RHODE ISLAND	4. Brief description RENTAL REA	o of the character of the AL ESTATE	husiness which is actually conducted in Rhixle	Island			
5 Principal office adds 56 Po 6. MAILING ADDR Contous Name	plon Street	ITY COMPANY A	NEWPO RE	State A I PERSON:	02840		
DEBORA	h R. ARNO	ln	Mem Bek				
Street Address 56 Poplan 57 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED L. FILL IN SPACES BEFORE USING AT			NG ATTACHMENTS - ("Y" ROY EOR	ATTACHACUTI -	02840		
sianager Name			JIRES FILING OF AMENDMENT, R.1. Manager Name	S FILING OF AMENDMENT, R.1.G.L. 7-16-12 (a) (2) / 7-16-52			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name Street Address			Manager Name	Manager Name Street Address			
			Street Address				
City	State	Zip	Ciry	State	Zip		
8. RESIDENT AGEN Agent Name DEBORAH R. ARNO) OO NOT ALTER - (Changes require filing of Form 64: Address	 2 - R.I.G.L. 7-16-11	1		
Address 56 POPLAR STREET			City NEWPORT	Zip 02840			

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



File Date	9	10	104		
Check No		59	<u>/</u>		
Ву:		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.

Debaral R. andd

Member

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 190 North Main Street Providence, RI 62903-1335 461-222-3046

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

FORM MIST BE TYPED OR PRINTED IN BLACK 19		ember 1 - November 1 n op pprygger iv mager	• Filing Fee: \$5	50.00		
RHODE ISLAND RENTAL REAL ESTATE 5. Principal office authors 5. L. Popler Street 6. Mailing address of limited liability company and name or title of contact person: Contact Title. DEBORTH RAR NOTO Serve diding. 5. Company Street 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 filling of amendment, r.i.g.l., 7-16-12 (a) (2) / 7-16-52 Maininger same Sincet Address Coto Maine M	1 ID Va	2 Exact name of the horn			<u> </u>	
RHODE ISLAND RENTAL REAL ESTATE 5 Principal and differential in the property of the company and name or title of contact person: Contact Name DEBORGH RANDID Member Steven Address FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILLING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Same Manager Same Manager Same Manager Name Ma	3 State of Formation	1 Brief descript	ion of the (baracter of the l	promess which is actually conducted in Rho	sie Island	
SURPORTED STREET SURPORT STREET 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: CONTROL Young Control Young Control Young Street R R R NO 10 Mey Def State St	RHODE ISLAND	1				
5 6 Poplar Street 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name Contact Title					State	
DEBORA H RAR NOLD Served dictions 5 to Poplar Street 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING AITACHMENTS ("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 scene: Manager scene: Manager Name: Ma	56 T	Poplar st	reet	NEWMON	. R+	'
DEBORA H RARNOLD Steve Address 5 O Poplay Street 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 Muntager same Muntager same Street Address Street	6. MAILING ADDR	ESS OF LIMITED LIAB	ILITY COMPANY AN	D NAME OR TITLE OF CONTACT	T PERSON:	1 00 8 70
Story Address Story Street 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 FAMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 State Address		· · · · · · · · · · · · · · · · · · ·	-1	—— -		<u></u>
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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 Minitizer same Mininger	56 F	Pooler Sti	2494	N/TO A A	1 State	'
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Mantager same: Manager same Street Address City State Zap Manager Name Manager Name Nivet Address Street Address Street Address Street Address City State Zap Manager Name Nivet Address Street Address Street Address Street Address Street Address City State Zap B. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address DEBORAH R. ARNOLD Address MENDORS				: /V&WJJOR	TIAL	102890
Authorizer same Street Address		FILL IN SE	ACES BEFORE USIN	G ATTACHMENTS - ("X" ROX F	OR ATTACHMENT)	
Sirvet Address Cdy State Zdp Cdv State Zdp Manager Name Manager Name Manager Name Street Address Street Address Cdy State Zdp Cdv State Zdp Cdv State Zdp B. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address DEBORAH R. ARNOLD Address Gav Manager Name DEBORAT STREET	Ar Mantener come	VI MODIFICATIONS TO	O MANAGERS REQU	IRES FILING OF AMENDMENT, I	R.I.G.L. 7-16-12 (a) (2)	7-16-52
State Zap City State Zap Manager Name Mana	sumager same			Manager Name		
Short Address Short	Street Address					
Manager Name Ma				Succe Address		
Manager Name Manager Name Street Address Street Address Caty State Zap City State Zap 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address DEBORAH R. ARNOLD Address Gay NEWPORT	Cdj	State	Zip	City	State	7.0
Sheet Address Street Address City: State Zap 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address DEBORAH R. ARNOLD Address City: State Zap Address City: State Zap Address DEBORAH R. ARNOLD						7.49
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address DEBORAH R. ARNOLD Address Gay NEWPORT	Manager Name			Manuger Name	•••••••••••••••••	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address DEBORAH R. ARNOLD Address Gay MENNORY	Street Address		-	Your Life		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address DEBORAH R. ARNOLD Address Gay NEWPORT				SHOW MILLION		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address DEBORAH R. ARNOLD Address Fig. 1. Support	Cd)	State	Zφ	City	State	ZiD
DEBORAH R. ARNOLD Address Gay NEWPORT	8. RESIDENT AGEN	T IN PHONE ICLARD	 			\"'
DEBORAH R. ARNOLD Address 56 POPLAR STREET ASSISTED STREET	Agent Name	OF IN KHODE ISLAND	· DO NOT ALTER - C	hanges require filing of Form	642 - R.I.G.L. 7-16-11	
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56 POPLAR STREET				Can		
VEU-V-	56 POPLAR STREET			l . '	· ·	ı.
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

* 1 2 1 1 9 0 *	
File Date 10/29/03	
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.

Debarac		10/24/03
Signature of Authorized	Person	Date

rint or Type Name of Anthorized Person



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, Rt 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: Septemble (FORM MUST BE TYPED O	er I - November] OR PRINTED IN 91 40	● Filing Fee: \$50,0	00		
1. ID No. 2.	Exact name of the limite				
121190 21 3. State of Formation	Tews Court, LLC				
RHODE ISLAND	4. Briej descriptio	n of the character of the hu	isiness which is actually conducted in i	Rhode Island	
5. Principal office address	130	ntal Real	Estate		
	olar Steres		City	State	Zip
6. MAILING ADDRES	S OF LIMITED L	ARILITY COMPANY	New port	RI	02840
		ALLETT COMPAN	Contact Title	CONTACT PERS	ON:
Deborah ,	R. ARNOVO		Member		
	urstreet		City	State	Zip
7. NAME AND ADDRES	S OF EACH MAN	CEP OF THE LIMI	Vewport TED LIABILITY COMPANY	RE	02.840
	FILL IN SPAC	es beloke asing y	TTACHMENTS . ("X" ROX FOI	B ATTACLINESUT[
An'	Y MODIFICATIONS TO	MANAGERS REQUIRE	S FILING OF AMENDMENT. R.I.G	i.L 7-16-12 (a) (2) / 7-	16-52
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Street Address			· Street Address		
			Sireet Address		
City	State	Zip	*City	State	Zip
Manager Name			•		
The state of the s			Manager Name	• • • • • • • • • •	• • • • • • • • • • •
Street Address			*Street Address		
iitv ———————————————————————————————————	State				
····	Siare	Zip	.City	State	Zip
RESIDENT AGENT IN	RHODE ISLAND -	O NOT ALTER- Chan	ges require filing of Form	642 7164 716	
			Address	042 - R.I.G.L. /-16-)	1
DEBORAH R. ARNOLD					
56 POPLAR STREET			City	Zip	
			NEWPORT	02	840-
his report must he s ign	ed in ink by an au	thorized person purs	suant to 7-16-66.		
* File Date	12119		Under penalty of perjury, this report, including any and that all statements co Public Print or Type Name of Authorized Personal Print or Type Name of Authorized Personal Personal Print or Type Name of Authorized Personal Personal Print or Type Name of Authorized Personal Print or Type Name of Authorized Personal Print or Type Name of Authorized Personal	accompanying schedintained herein are true Curld son D	ules and statements, c and correct.
OR SECRETARY OF STATE	USE ONLY		Print or Type Name of Author	orized Person	