

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 632 Rev. 6/02

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005 Filing Period: September 1 - November 1 - Filing Fee: \$50.00

	OR PRINTED I							
		xact name of the limited liability company addrivers the state of the limited liability company addrivers the state of the limited liability company and state of the liability company and state of the limited liability company and state of the liability company and st						
3. State of Formation		4. Brief description of the character of the business which is actually conducted in Rhode Island						
RHODE ISLAND	ACQUI	RING, DE	ELOPING, LEA	ASING AND OTHERWISE DEALIS	NG IN REAL	PROPERTY		
5. Principal office address				City:	,			
44 FISHING COVE ROAD				NORTH KINGSTOWN	RI	02852-		
6. MAILING ADDRI	ESS OF LIMI	TED LIAB	LITY COMPAN	NY AND NAME OR TITLE OF	CONTACT	PERSON:		
JONATHON V KALI				Contact Title				
Street Address				·				
146 WESTMINSTER ST			City PROVIDENCE	State RI	Zip			
7. NAME AND ADD	RESS OF EAC	P. MANAC	ER-OF THEA	IMITED LIABILITY COMPAN		02903-		
	FILI.	IN SPACES	BEFORE USING	ATTACHMENTS ("X" BOX FOR)	Y, IF APPL			
	ANY MODIFICAT	IONS TO MA	NAGERS REQUIR	RES FILING OF AMENDMENT. R.L.G	.L 7-16-12 (a) (/ ロ (2) / 7-16-52		
tanager Name				· Manager Name				
Paul W. Forsell				Shawn C. Ward				
Street Address		_		· Street Address				
44 Fishing Cove Road				.340 Boston Neck Road				
Ciry North Kingstown	State R I		Zip	City	State	Zip		
Manager Name	: J		02852	North Kingstown	RI	02852		
Matthew J. Mira	andou			Manager Name				
Street Address				· Sirect Address				
17 Lillibridge	Drive			•				
Jiry	State		Zıp	City	State	Zip		
East Greenwich	RI		02818	• •	_ [
. RESIDENT AGENT	IN RHODE IS	LAND -DO	IOT ALTER- Cha	nges require filing of Form	642 - RLG1	- 7-16-11		
gent Name		G-W-1-M2			Address			
,				Address				
JONATHAN V. KAL				Address 146 WESTMINSTER S				
JONATHAN V. KAL	ANDER, ESC			146 WESTMINSTER S'		Zip		
JONATHAN V. KAL	ANDER, ESC			Address 146 WESTMINSTER S				
6	ANDER, ESC	<u>. </u>		146 WESTMINSTER S' City PROVIDENCE		Zip		
JONATHAN V. KAL Iddress KALANDER & SHAW	ANDER, ESC	<u>. </u>		146 WESTMINSTER STORMS City PROVIDENCE result to 7-16-66. Under penalty of perjury,	Preet	O2903 -		
JONATHAN V. KAL Iddress KALANDER & SHAW	ANDER, ESC. LTD. gned in ink b. 3 0 2 4	y an autho		146 WESTMINSTER STORMS City PROVIDENCE result to 7-16-66. Under penalty of perjury,	l declare and a	O2903 - Offirm that I have examined schedules and statements, are true and correct.		
JONATHAN V. KAL ddress KALANDER & SHAW his report must be significant to the significa	ANDER, ESC. LTD. gned in ink b. 3 0 2 4	y an autho		Address 146 WESTMINSTER ST City PROVIDENCE PROVIDENCE Under penalty of perjury, this report, including any	l declare and a accompanying ntained herein	O2903 - OTION THAT I have examined schedules and statements.		
JONATHAN V. KAL ddress KALANDER & SHAW his report must be significant to the significa	ANDER, ESC. LTD. gned in ink b. 3 0 2 4	y an autho		Address 146 WESTMINSTER ST City PROVIDENCE Under penalty of perjury, this report, including any and that all statements con Signature of Authorized Pers	l declare and a accompanying ntained herein	offirm that I have examined schedules and statements, are true and correct.		



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 2004 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR	I - November I	Filing Fee: \$50	0.00				
1. ID No. 2. E.	vact name of the limited	l liabilty company					
130244 Ced	darhurst Propertie	s, LLC					
3. State of Formation	4. Brief description	of the character of the	business which is actually conducted in R	hode Island			
RHODE ISLAND	acquiri	ng, developi	ng, leasing and other	wise deal	ing in real prop		
5. Principal office address		<u> </u>					
44 FISHING COVE ROAD			NORTH KINGSTOWN	Siale RI	<i>Zip</i> 02852 -		
6. MAILING ADDRESS	OF LIMITED LI	ABILITY COMPA			020321		
COMPLI HUME			NY AND NAME OR TITLE OF CONTACT PERSON:				
Jonathan V. Kal	ander		•				
Street Address 146 Westminster Street			City	State	Zip		
			. Providence	RI	02903		
7. NAME AND ADDRES	S OF EACH MAN	AGER OF THE L	IMITED LIABILITY COMPAN	Y. IF APPLI	CABLE		
•	FILL IN SPAC	12 REFORE USING	ATTACHMENTS - ("X" BOX FOR A	TTACHMENT	П		
Manager Name	MODIFICATIONS TO	MANAGERS REQUI	RES FILING OF AMENDMENT. R.I.G.	L 7-16-12 (a) (2	2) / 7-16-52		
Paul W. Forsell			• Manager Name				
Street Address	<u> </u>		Shawn C. Ward	_			
44 Fishing Cove Ro	oad		•	224			
City	State	Zip	. 340 Boston Neck Road *City State Izin				
North Kingstown	RI	02852	North Kingstown	RI	<i>Zip</i> 02852		
Manager Name	* * * * * * * * * * * * * * * * * * * *	• • • • • • • • • •	*Manager Name		• • • • • • • • • • • • • • • • • • • •		
Matthew J. Mirand Street Address	<u>ou</u>	·	:				
17 Lillibridge Dr	ive		Street Address				
City	State	Zip	.City	State			
East Greenwich	RI	02818	•	Siate	Zip		
8. RESIDENT AGENT IN I	HODE ISLAND -0	O NOT ALTER- Cha	nges require fillng of Form	642 - R.I.G.I.	7.16.0		
			Address		1071		
JONATHAN V. KALANI	DER, ESQ.		146 WESTMINSTER STREET				
Address			City		Zip		
KALANDER, SHAW & J	ANNEY, LTD.		PROVIDENCE		02903-		
his report must be signet	din ink by an au	thorized person pu	irsuant to 7-16-66.				
1 3 (130244 DLLC 09/15/04	04:13:11 PM*		Under penalty of perjury, this report, including any and that all statements cor	accompanying	schedules and statements.		
Check No. 1787			Signature of Authorized Pers	on .	11-15-04 Date		
on sponer:			Print or Type Name of Autho	nord Passer	<u> </u>		
OR SECRETARY OF STATE (JSE ONLY	1	That of Type Name of Numo	ILEU PETSON			