



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No <b>108590</b>		2. Exact name of the limited liability company <b>GREENVILLE COMMON PROPERTIES, 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>THE INVESTMENT IN REAL ESTATE</b>	
5. Principal office address <b>2 Church Street</b>		City <b>Greenville</b>	State <b>RI</b>
		Zip <b>02828</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Thomas Winfield</b>		Contact Title <b>President</b>	
Street Address <b>2 Church Street</b>		City <b>Greenville,</b>	State <b>RI</b>
		Zip <b>02828</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 <b>Thomas Winfield</b>		Manager Name <b>Charlene Capuano</b>	
Street Address <b>2 Church Street</b>		Street Address <b>P.O. Box 604</b>	
City <b>Greenville</b>	State <b>RI</b>	City <b>Greenville</b>	State <b>RI</b>
Zip <b>02828</b>		Zip <b>02828</b>	
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 <b>THOMAS WINFIELD</b>		Address	
Address <b>2 CHURCH STREET</b>		City <b>GREENVILLE</b>	Zip <b>02828</b>

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



File Date	<b>9/19/05</b>	*108590*
Check No.	<b>7091</b>	
By:		
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  
Date **9.15.2005**  
Print or Type Name of Authorized Person



Office of the Secretary of State  
Matthew A. Brown, Secretary of State

LAINTATIONS

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 PRINTED IN BLACK)

1. ID No <b>108590</b>		2. Exact name of the limited liability company <b>GREENVILLE COMMON PROPERTIES, 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>THE INVESTMENT IN REAL ESTATE</b>			
5. Principal office address <b>2 Church Street</b>		City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Thomas Winfield</b>			Contact Title		
Street Address <b>2 Church Street</b>		City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</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 <b>Thomas Winfield</b>			Manager Name <b>Charlene Capuano</b>		
Street Address <b>2 Church Street</b>		Street Address <b>P.O. Box 604</b>			
City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>
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>THOMAS WINFIELD</b>			Address		
Address <b>2 CHURCH STREET</b>		City <b>GREENVILLE</b>	Zip <b>02828</b>		

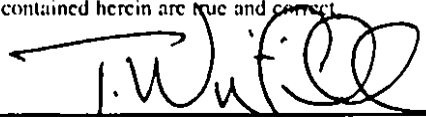
This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\* 1 0 8 5 9 0 \*

File Date	<b>10/12/04</b>
Check No.	<b>5763</b>
By:	<b>DA</b>
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      Date **10.8.2004**  
**Thomas Winfield**  
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 02903-1535  
401.222.3040

# 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>108590</b>		2. Exact name of the limited liability company <b>GREENVILLE COMMON PROPERTIES, 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>THE INVESTMENT IN REAL ESTATE</b>	
5. Principal office address <b>2 Church Street</b>		City <b>Greenville</b>	State <b>RI</b>
		Zip <b>02828</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Thomas Winfield</b>		Contact Title 	
Street Address <b>2 Church Street</b>		City <b>Greenville</b>	State <b>RI</b>
		Zip <b>02828</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 <b>Thomas Winfield</b>		Manager Name <b>Charlene Capuano</b>	
Street Address <b>2 Church Street</b>		Street Address <b>P.O. Box 604</b>	
City <b>Greenville</b>	State <b>RI</b>	City <b>Greenville</b>	State <b>RI</b>
Zip <b>02828</b>		Zip <b>02828</b>	
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 <b>THOMAS WINFIELD</b>		Address	
Address <b>2 CHURCH STREET</b>		City <b>GREENVILLE</b>	Zip <b>02828</b>

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



\* 1 0 8 5 9 0 \*

File Date	<b>FILED</b>
Check No	<b>SEP 15 2003</b>
By	<b>40916MD</b>
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 Date **9-12-03**  
**Charlene Capuano**  
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. <b>108590</b>		2. Exact name of the limited liability company <b>GREENVILLE COMMON PROPERTIES, 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>THE INVESTMENT IN REAL ESTATE</b>	
5. Principal office address <b>2 Church Street</b>		City <b>Greenville</b>	State <b>RI</b>
		Zip <b>02828</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Thomas Winfield</b>		Contact Title .	
Street Address <b>2 Church Street</b>		City <b>Greenville</b>	State <b>RI</b>
		Zip <b>02828</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 <b>Thomas Winfield</b>		Manager Name <b>Charlene Winfield Capuano</b>	
Street Address <b>2 Church Street</b>		Street Address <b>P.O. Box 604</b>	
City <b>Greenville</b>	State <b>RI</b>	City <b>Greenville</b>	State <b>RI</b>
Zip <b>02828</b>		Zip <b>02828</b>	
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 <b>THOMAS WINFIELD</b>		Address	
Address <b>2 CHURCH STREET</b>		City <b>GREENVILLE</b>	Zip <b>02828</b>

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
OCT 16 11 48 AM '02

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



\* 1 0 8 5 9 0 \*

File Date	<b>FILED</b>
Check No.	<b>OCT 16 2002</b>
By	<b>By CC2571</b>
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  
Date **8-29-2002**  
**Thomas Winfield**  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number 108590

Annual Report for the year 2001

1. The name of the limited liability company is: Greenville Common Properties, LLC
2. The address of the principal office of the limited liability company is: c/o Thomas Winfield, 2 Church Street, Greenville, RI 02828
3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island
4. The name and address of its resident agent is: Thomas Winfield, 2 Church Street, Greenville  
Rhode Island, 02828
5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 2 Church Street, Greenville, RI 02828
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate Ownership
7. If the limited liability company has managers, list the name and address of each manager:

<i>Name</i>	<i>Address</i>
<u>Thomas Winfield</u>	<u>2 Church Street, Greenville, RI 02828</u>
<u>Charlene Capuano</u>	<u>P.O. Box 604, Greenville, RI 02828</u>

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.

Date: 5/6/02  
**FILED**

MAY 10 2002

By 644 276597

Greenville Common Properties, LLC

*Exact Name of Limited Liability Company*

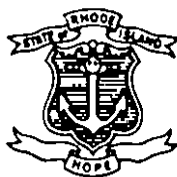
By

Manager

*Title*

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

**LIMITED LIABILITY COMPANY**

ID Number DLLC 108590

Annual Report for the year 2000

1. The name of the limited liability company is: GREENVILLE COMMON PROPERTIES, LLC
2. The address of the principal office of the limited liability company is: 2 Church Street, Greenville, Rhode Island 02828
3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
4. The name and address of its resident agent is: THOMAS E. HEFNER, ESQ.  
630 PUTNAM PIKE GREENVILLE RI 02828
5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 2 Church Street, Greenville, RI 02828
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: The investment in real estate and any other lawful purpose
7. If the limited liability company has managers, the name and address of each manager of the limited liability company  

Name	Address
_____	_____
_____	_____
_____	_____

Dated \_\_\_\_\_



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.

GREENVILLE COMMON PROPERTIES, LLC  
Exact Name of Limited Liability Company

By \_\_\_\_\_

Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10/19

Check No.: 7324

By: cu