

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 _

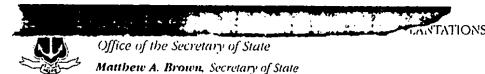
2005

	• Filing Fee: \$50.00	•					
108590 2. Exact name of the limited liability company GREENVILLE COMMON PROPERTIES, LLC State of Formation 4. Brief description of the character of the hydrocs which is actually conducted in Phode Island							
4 Brief description THE INVESTN	of the character of the busine SENT IN REAL ESTATE	ess which is actually conducted in Rhede.	island				
5. Principal office address 2 Church Street 6. MAILING ADDRESS OF LIMITED HABILITY COMPANY AND NAME.			State R I	2ip 02828			
	ITY COMPANY AND N	AME OR TITLE OF CONTACT P Contact The President	ERSON:				
2 Church Street			State R I	7.ip 02828			
FILL IN SPA	CES BEFORE USING AT	TTACHMENTS ("X" BOX FOR	ATTACHMENT)	/ 7-16-52			
Manager Name Thomas Winfield			Manager Name				
treet		Street Address					
State R I	^{Zip} 02828	Greenville	State R I	<i>Σφ</i> 02828			
		Manager Name	•••••				
		Street Address					
State	Zip	City	State	Zip			
IN RHODE ISLAND -	DO NOT ALTER - Chan	ges require filing of Form 64. Address	2 - R.I.G.L. 7-16-11				
							
		GREENVILLE	Ζ(p 028)	7.tp 02828			
	GREENVILLE COMMO A Brief description THE INVESTM Street SS OF LIMITED LIABIL Offield Street RESS OF EACH MANAG FILL IN SPA MODIFICATIONS TO Offield State RI State State RI	GREENVILLE COMMON PROPERTIES, LLC 4 Brief description of the character of the busine THE INVESTMENT IN REAL ESTATE Street SS OF LIMITED LIABILITY COMPANY AND Note of the character of the busine the street set of the limited liability company and note of the limited in the l	GREENVILLE COMMON PROPERTIES, LLC A Brief description of the character of the business which is actually conducted in Rhede. THE INVESTMENT IN REAL ESTATE City	OR PRINTED IN BLACK) 2. Exect name of the limited liability company GREENVILLE COMMON PROPERTIES, LLC A litter description of the character of the business which is actually conducted in Rhode Island THE INVESTMENT IN REAL ESTATE City Greenville RI Street Greenville City Greenville, RI Street Greenville, RI Street Greenville, RI RI RESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) Manager Name Charlene Capuano Street RI State RI City Greenville Manager Name Charlene Capuano Street Address State Street City Greenville RI Manager Name Charlene Capuano Street Address Street Address Street Address City City City Zup			

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

File Date _	9/19/05 108590	
Check No	7091	
Ву:	A)	
FC	R SECRETARY OF STATE USE ONLY	

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including any contained her	accompany	ing schyduld	nd staten	nents, and that a	all statements.
	iW	JIM	纵	9.15	. 2005
Signature of A	udiorized Pe	rson	Da	te	



Corporations Division 100 North Main Street Providence, RI 02903-1355 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 PRIM	NTED IN BLACK)						
1. ID No. 2. Exac	t name of the limited	me of the limited liability company					
108590 GREE	NVILLE COMMO	ON PROPERTIES, LLC					
3 State of Formation			which is actually conducted in Rhod	le Island			
RHODE ISLAND	THE INVEST	MENT IN REAL ESTATE					
5. Principal office address			City	State	Zip		
2 Church Stree	t		Greenville	RI	02828		
6. MAILING ADDRESS OF	LIMITED LIABI	LITY COMPANY AND NAI	ME OR TITLE OF CONTACT	PERSON:	•		
Contact Name			Contact Title				
Thomas Winf	ield						
Street Address	-		City	State	Zip		
2 Church St	reet		Greenville	RI	02828		
7. NAME AND ADDRESS O	F EACH MANAG	GER OF THE LIMITED LIV	ABILITY COMPANY, IF APPI	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			TACHMENTS ("X" BOX FO				
ANY MOD			FILING OF AMENDMENT, R		/ 7-16-52		
Manager Name			Manager Name				
Thomas Win	field		Charlene	Capuano			
Sirver Address 2 Church S			Street Address	dapdano			
2 Church S	treet		P.O. Box				
Gity	State	Zip	CHO Greenville	State RI	Zip 02828		
Greenville	RI	02828	Greenville	KI	02020		
Manager Name			Manager Name				
Street Address		Sirvei Address					
City	State	Zip	Gily	State	Z.ip		
	1 .	Ļ	•				
	HODE ISLAND -	DO NOT ALTER - Chang	tes require filing of Form (642 · R.I.G.L. 7-16-11			
Agent Name		Address					
THOMAS WINFIELD							
Addres			City				

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

GREENVILLE

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2 CHURCH STREET

File Date	10/12/04		
Check No	5763		
Ву:	DA		
FOR SECRETARY OF STATE USE ONLY			

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-	herein are true and		ements, and th	at an statements.
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Signature o	Authorized Person	1)at e	
Th	IOMAS	Winti	FID	
Print or Ty	pe Name of Author.	ized Person		<u>-</u>



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

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

2003

	ember I - November I DOR PRINTED IN BLACK)	• Filing Fee: \$50.00					
1 ID No. 108590	2 Exact name of the imme	ed habitay company COMMON PROPERTIES, LLC	;	.			
3 State of Fermation	4 Bucf descripti	on of the character of the busine	is which is actually conducted in Rhode	Bland			
RHODE ISLAND	THE INVES	TMENT IN REAL ESTATE					
5 Perncipal Affice addic		.	Gt _T	State	Zip		
2 Church S	Street		Greenville	RI	02828		
6. MAILING ADDR	ESS OF LIMITED LIAB	ILITY COMPANY AND NA	ME OR TITLE OF CONTACT		,		
Contact Naige			Contact_Title	_			
Thomas Wi	infield						
Sirel Adaress			Cur	State	Zip		
2 Church	Street		Greenville	RI	02828		
Manager Name Thomas Wi Street Address 2 Church	FILL IN SE NY MODIFICATIONS TO Infield	PACES BEFORE USING AT	IABILITY COMPANY, IF APPLITACHMENTS ("X" BOX FO FILING OF AMENDMENT, R. Manager Name Charlene Capu Street Address P.O. Box 604	<i>R ATTACHMENT)</i> I.G.L. 7-16-12 (a) []) (2) / 7-16-52		
Concernation	State	Zip	City	State	Zip		
Greenville	RI	I02828	Greenville Manager Name				
Sircet Address			Street Address	Sirest Address			
Cas	State	Zψ	Cuy	State	Zφ		
8. RESIDENT AGEN Agent Name THOMAS WINFIELD	T IN RHODE ISLAND	DO NOT ALTER - Chan	ges require filling of Form 6 Address	 42 - R.I.G.L. 7-1	 6-11		
Address 2 CHURCH STREET			GREENVILLE		∠φ 02828		

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

*		8		

Check No

SEP 1 5 2003

FOR SECRETARY OF STATE LIST DN. OF STATE DN. OF STATE LIST D

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

7.13.0-

Capuano

Print or Type Name of Authorized Person

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

100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

	otember 1 - November . PED OR PRINTED IN BL	•	00			
1. ID No. 108590	2. Exact name of the limited liability company GREENVILLE COMMON PROPERTIES, LLC					
3. State of Formation RHODE ISLAND		tion of the character of the l	ousiness which is actually conducted in	Rhode Island		
5. Principal office ad	Idmes		City	State	Zip	
			'	I .	'	
	ch Street	LIABILITY COMBA	Greenville	RI	02828	
Contact Name	DRESS OF LIMITED	LIABILITY COMPA	Consact Title	F CONTACT PERSO	'N:	
Thomas	Winfield		•			
Street Address			City	State	Zip	
2 Chur	ch Street		Greenville	RT	02828	
Manager Name Thomas		ACES BEFORE USING TO MANAGERS REQUIF	RES FILING OF AMENDMENT. R.I	or ATTACHMENT□ .G.L 7-16-12 (a) (2) / 7-1 .nfield Capua		
Street Address 2 Chur			Street Address P.O. Box 60	-		
City Greenvill Manager Name	e Siale RI	Zip 02828	*City Greenville *Manager Nama	State RI	Ziρ 02828	
Sireet Address			Street Address		Oca Se Se	
City	State	Zip	"City"	State	20 Jan 20 12 12 12 12 12 12 12 12 12 12 12 12 12	
	ENT IN RHODE ISLAN	D-DO NOT ALTER- Cha	inges require filing of For	m 642 - R.I.G.L. 7-16-1	1 - 8 C	
Agent Name		Address				
THOMAS WINFIEL	D				6 28	
Address		City	Zip	D C C		
2 CHURCH STREET			GREENVILLE	02	828 5	

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



File Date_	FILED
Check No	OCT 16 2002
<i>By:</i>	By CC 2571
FOR SECR	ETARY 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 heroin are true and correct.

Signature of Authorized Person

8.29.202 Date

Thomas Winfield

8/29/02

Print or Type Name of Authorized Person

Filing Fee: \$50.00



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 year2001
1. The name of the limited liability con Greenville Commo	on Properties, LLC
2. The address of the principal office of c/o Thomas Winfield, 2	of the limited liability company is: Church Street, Greenville, RJ 02828
The state or other jurisdiction underThe name and address of its reside	the laws of which it is formed is: Rhode Island Thomas Winfield, 2 Church Street, Greenvill Rhode Island, 02828
·	the limited liability company and the name or title of a person to whom re: 2 Church Street, Greenville, RI 02828
	of the business in which the limited liability company is actually engaged in this
7. If the limited liability company has r	managers, list the name and address of each manager:
Name	Address
Thomas Winfield	2 Church Street, Greenville, RI 02828
Charlene Capuano	P.O. Box 604, Greenville, RI 02828
	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 1 0 2002 By 6 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Exact Name of United Wability Company By
~1~************/	Manager Title

Form No. 632 Revised: 01/99 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 com	 pany is:
	GREENVILLE COMMON PROPERT	TIES, LLC
2.	The acidress of the principal office of	ine limited liability company is:
	2 Church Street, Greenvill	• • •
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.		tagentis: THOMAS E. HEFNER, ESQ.
	630 PUTNAM PIKE GREENVILLE	
5.		mited liability company and the name or title of a person to whom communications
		th Street, Greenville, RI 02828
	may be directed are: 2 churc	n street, Greenville, Ki U2828
	state: The investment in rea	of the business in which the limited liability company is actually engaged in this all estate and any other lawful purpose anagers, the name and address of each manager of the limited liability company Address
File I	1 0 8 5 9 0 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. GREENVILLE COMMON PROPERTIES, LLC Exact Name of kimited Liability Company Managar Title Form No. 632
By:	7.	Form No. 632 Revised 01/99