



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 82391		2. Exact name of the limited liability company The Meadows Apartments, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 50 Exchange Terrace, suite 320		City Providence	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Cheryl Cuzzone		Contact Title Operating Manager	
Street Address 50 Exchange Terrace, Suite 320		City Providence	State RI
		Zip 02903	
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 Cheryl Cuzzone		Manager Name John F. Cuzzone, III	
Street Address 50 Exchange Terrace, Suite 320		Street Address 1580 Wampanoag Trail, Suite 200E	
City Providence	State RI	City Barrington	State RI
Zip 02903		Zip 02806	
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 PAUL PLOURDE, ESQ.		Address PLOURDE, BOGUE, MCLAUGHLIN	
Address 50 EXCHANGE TERRACE, SUITE 320		City PROVIDENCE	Zip 02903

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



82391

File Date	10/14/05
Check No.	3080
By:	Ch
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 **9/28/05**
John F. Cuzzone, III
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 02903-1335
401 222 3640

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: 82391		2 Exact name of the limited liability company: The Meadows Apartments, LLC	
3 State of Formation: RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island: REAL ESTATE	
5 Principal office address: 50 Exchange Terrace, Suite 320		City: Providence	State: RI
		Zip: 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name: Cheryl Cuzzone		Contact Title: Operating Manager	
Street Address: 50 Exchange Terrace, Suite 320		City: Providence	State: RI
		Zip: 02903	
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: Cheryl Cuzzone		Manager Name: Vice Operating Manager John F. Cuzzone, III	
Street Address: 50 Exchange Terrace, Suite 320		Street Address: 1580 Wampanoag Trail	
City: Providence	State: RI	City: East Providence	State: RI
Zip: 02903		Zip: 02014	
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: PAUL PLOURDE, ESQ.		Address: PLOURDE, BOGUE, MCLAUGHLIN	
Address: 50 EXCHANGE TERRACE, 3RD FLOOR		City: PROVIDENCE	Zip: 02903

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



* 8 2 3 9 1 *

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.

File Date	10/5/04
Check No	2793
By	U
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person	Cheryl L. Cuzzone	Date	9/27/04
Cheryl Cuzzone, Operating Manager			
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 02903-1335
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 82391		2. Exact name of the limited liability company The Meadows Apartments, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 50 Exchange Terrace, Suite 320		City Providence	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Cheryl Cuzzone		Contact Title Operating Manager	
Street Address 50 Exchange Terrace, Suite 320		City Providence	State RI
		Zip 02903	
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 Cheryl Cuzzone		XXXXXXXX Vice-Operating Manager John F. Cuzzone, III	
Street Address 50 Exchange Terrace, Suite 320		Street Address 1580 Wampanoag Trail	
City Providence	State RI	City East Providence	State RI
Zip 02903		Zip 02914	
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 PAUL PLOURDE, ESQ.		Address PLOURDE, BOGUE, MCLAUGHLIN	
Address 50 EXCHANGE TERRACE, 3RD FLOOR		City PROVIDENCE	Zip 02903

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



* 8 2 3 9 1 *

File Date 10/3/03Check No 2545By: 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

Signature of Authorized Person Cheryl L. Cuzzone Date 9/30/03

Cheryl Cuzzone, Operating Manager

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. 82391		2. Exact name of the limited liability company The Meadows Apartments, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 50 Exchange Terrace, Suite 320		City Providence	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Cheryl Cuzzone		Contact Title Operating Manager	
Street Address 50 Exchange Terrace, Suite 320		City Providence	State RI
		Zip 02903	
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			
Manager Name Cheryl Cuzzone		• Manager Name	
Street Address 50 Exchange Terrace, Suite 320		• Street Address	
City Providence	State RI	City	State
Zip 02903		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 PAUL PLOURDE, ESQ.		Address PLOURDE, BOGUE, MCLAUGHLIN	
Address 50 EXCHANGE TERRACE, 3RD FLOOR		City PROVIDENCE	Zip 02903

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



* 8 2 3 9 1 *

File Date	11.7.02
Check No.	885
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 11/1/02
Cheryl Cuzzone, Operating Manager
Print or Type Name of Authorized Person

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 82391

Annual Report for the year 2001

1. The name of the limited liability company is:

The Meadows Apartments, LLC

2. The address of the principal office of the limited liability company is:

50 Exchange Terrace, Suite 320, Providence, RI 02903

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: PAUL PLOURDE, ESQ.

PLOURDE, BOGUE, MCLAUGHLIN 50 EXCHANGE TERRACE, 3RD FLOOR PROVIDENCE RI 02903

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: Cheryl Cuzzone, Operating Manager

50 Exchange Terrace, Suite 320, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
------	---------

Cheryl Cuzzone

50 Exchange Terrace, Suite 320, Providence, RI 02903

Operating Manager

Dated 10/25 2001



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.

The Meadows Apartments, LLC

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

File Date:

11-7-01

Check No.:

1421

By:

[Signature]

By

Cheryl L. Cuzzone

Operating Manager

Title

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at (401) 222-3040.

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 82391

Annual Report for the year 2000

1. The name of the limited liability company is:

The Meadows Apartments, LLC

2. The address of the principal office of the limited liability company is:

50 Exchange Terrace, 3rd Floor, Providence, RI 02903

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: PAUL PLOURDE

Plourde, Bogue, McLaughlin & Moylan, LLP. 50 Exchange Terrace, 3rd Floor, Providence, RI 02903

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: Cheryl Cuzzone, Operating Manager

50 Exchange Terrace, 3rd Floor, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Cheryl Cuzzone

50 Exchange Terrace, 3rd Floor, Providence, RI 02903

Operating Manager

Dated 11/6/00



FILED

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.

The Meadows Apartments, LLC

Exact Name of Limited Liability Company

By Cheryl L. Cuzzone

Operating Manager

Title

FOR SECRETARY OF STATE	
File Date:	NOV 29 2000
Check No.:	By <u>KID 11/6/00</u>
By:	

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 LL 82391

Annual Report for the year 1999

1. The name of the limited liability company is:

The Meadows Apartments, LLC

2. The address of the principal office of the limited liability company is:

One Citizens Plaza, Suite 830, Providence, RI 02903

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: PAUL PLOURDE

PLOURDE & LEONARD, LTD. ONE CITIZENS PLAZA, SUITE 830 PROVIDENCE, RI 02903

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: Cheryl Cuzzone, Operating Manager

One Citizens Plaza, Suite 830, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Cheryl Cuzzone

Operating Manager

One Citizens Plaza, Suite 830, Providence, RI 02903

John F. Cuzzone III

One Citizens Plaza, Suite 830, Providence, RI 02903

Vice- Operating Manager

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.



* 8 2 3 9 1 *

The Meadows Apartments, LLC

Exact Name of Limited Liability Company

By

Cheryl R. Cuzzone

Operating Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10-8-99

Check No.: 1332

By: AME

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 LL 82391

Annual Report for the year 1998

1. The name of the limited liability company is:

The Meadows Apartments, LLC

2. The address of the principal office of the limited liability company is:

One Citizens Plaza, Suite 830, Providence, RI 02903

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: PAUL PLOURDE

PLOURDE & LEONARD, LTD. ONE CITIZENS PLAZA, SUITE 830 PROVIDENCE, RI 02903

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: Cheryl Cuzzone, Operating Manager

One Citizens Plaza, Suite 830, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Cheryl Cuzzone

One Citizens Plaza, Suite 830, Providence, RI 02903

Operating Manager

John F. Cuzzone III

One Citizens Plaza, Suite 830, Providence, RI 02903

Vice-Operating Manager

Dated 11/1, 19 98

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.



* 8 2 3 9 1 *

The Meadows Apartments, LLC

Exact Name of Limited Liability Company

By Cheryl L. Cuzzone

Operating Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 11/5/98

Check No.: 1048

By: gfb

Form No. LLC-19
Revised 8/97

DETACH BOTTOM BEFORE RETURNING

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

LIMITED LIABILITY COMPANY

ID Number 0082391

Annual Report for the year 1997

1. The name of the limited liability company is:

The Meadows Apartments, LLC

2. The address of the principal office of the limited liability company is:

One Citizens Plaza, Suite 830, Providence, RI 02903

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: Paul Plourde

One Citizens Plaza, Suite 830, Providence RI 02903

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: Cheryl Cuzzone, Operating Manager

One Citizens Plaza, Suite 830, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Cheryl Cuzzone

One Citizens Plaza, Suite 830, Providence, RI 02903

Operating Manager

John F. Cuzzone III

One Citizens Plaza, Suite 830, Providence, RI 02903

Vice Operating Manager

Dated 11/3, 19 97

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.

PAID

NOV 06 1997
SEC'Y OF STATE

The Meadows Apartments, LLC

Exact Name of Limited Liability Company

By Cheryl Cuzzone

Operating 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
Corporation Division
100 North Main Street
Providence, RI 02903-1335

LIMITED LIABILITY COMPANY

LLC I.D.# 82391

Annual Report for the year **1996**

FIRST: The name of the limited liability company is: **The Meadows Apartments, LLC**

SECOND: The address of the principal office of the limited liability company is:

c/o Plourde & Leonard, Ltd. One Citizens Plaza, Suite 830, Providence, Rhode Island
02903

THIRD: The state or other jurisdiction under the laws of which it is formed is: **Rhode Island**

FOURTH: The name and address of its resident agent is:

Paul Plourde
One Citizens Plaza, Suite 830, Providence, Rhode Island 02903

FIFTH: The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

Cheryl Cuzzone, Operating Manager
One Citizens Plaza, Suite 830, Providence, Rhode Island 02903

SIXTH: A brief statement of the character of the business in which the corporation is actually engaged in this state:

Real estate

Dated 9/13, 19 96

The Meadows Apartments, LLC
Exact Name of Limited Liability Company

File Date: 9/19

Check No: 373

By: KID

For Secretary of State Use Only

*By Cheryl L. Cuzzone

*To be signed in the manner required by the home state.

Title Operating Manager

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
Corporation Division
100 North Main Street
Providence, RI 02903-1335

LIMITED LIABILITY COMPANY

LLC I.D. # 0082391

Annual Report for the year 1995

FIRST: The name of the limited liability company is:

The Meadows Apartments, LLC

SECOND: The address of the principal office of the limited liability company is:

c/o Plourde & Leonard, Ltd.

One Citizens Plaza, Suite 830, Providence, Rhode Island 02903

THIRD: The state or other jurisdiction under the laws of which it is formed is:

Rhode Island

FOURTH: The name and address of its resident agent is:

Paul Plourde

One Citizens Plaza, Suite 830, Providence, Rhode Island 02903

FIFTH: The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are:

Cheryl Cuzzone, Vice Operating Manager

One Citizens Plaza, Suite 830, Providence, Rhode Island 02903

SIXTH: A brief statement of the character of the business in which the corporation is actually engaged in this state:

Real estate

Dated 9/15, 19 95

The Meadows Apartments, LLC

Exact Name of Limited Liability Company

*By Cheryl L. Cuzzone

Title Vice Operating Manager

*To be signed in the manner required by the home state.

FILED
SEP 19 1995
By Cheryl L. Cuzzone # 044