



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. 75091		2. Exact name of the limited liability company BEAVERTAIL PROPERTIES LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE, DEVELOP, LEASE, SELL, OR OTHERWISE DEAL IN REAL PROPERTY			
5. Principal office address c/o Paula McNamara, 23 Catlin Avenue			City Rumford	State RI	Zip 02916
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Terrence Murray			Contact Title Manager		
Street Address 218 El Brillo Way			City Palm Beach	State Florida	Zip 33480
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 Terrence Murray			• Manager Name .		
Street Address 218 El Brillo Way			• Street Address .		
City Palm Beach	State Florida	Zip 33480	• City .	• State .	• Zip .
Manager Name Suzanne Y. Murray			• Manager Name .		
Street Address 218 El Brillo Way			• Street Address .		
City Palm Beach	State Florida	Zip 33480	• 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 V. DUNCAN JOHNSON, ESQ.			Address EDWARDS & ANGELL, LLP		
Address 2800 FINANCIAL PLAZA			City PROVIDENCE, RI	State RI	Zip 02903

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



7 5 0 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.

Terrence Murray 9/30/05
Signature of Authorized Person Date

Terrence Murray, Manager
Print or Type Name of Authorized Person

File Date	10/11/05
Check No.	270 / C79311
By:	KMC
FOR SECRETARY OF STATE USE ONLY	



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. 75091		2. Exact name of the limited liability company BEAVERTAIL PROPERTIES LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE, DEVELOP, LEASE, SELL, OR OTHERWISE DEAL IN REAL PROPERTY			
5. Principal office address c/o Paula McNamara, 23 Catlin Avenue			City Rumford	State RI	Zip 02916
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Terrence Murray			Contact Title Manager		
Street Address 218 El Brillo Way			City Palm Beach	State Florida	Zip 33480
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 Terrence Murray			Manager Name		
Street Address 218 El Brillo Way			Street Address		
City Palm Beach	State Florida	Zip 33480	City	State	Zip
Manager Name Suzanne Y. Murray			Manager Name		
Street Address 218 El Brillo Way			Street Address		
City Palm Beach	State Florida	Zip 33480	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 V. DUNCAN JOHNSON, ESQ.			Address EDWARDS & ANGELL, LLP		
Address 2800 FINANCIAL PLAZA			City PROVIDENCE, RI	Zip 02903	

FILED

OCT 21 2004

By KMC C 48383

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



7 5 0 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.

Terrence Murray 10-13-04
Signature of Authorized Person Date

Terrence Murray, Manager
Print or Type Name of Authorized Person

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY



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. 75091		2. Exact name of the limited liability company BEAVERTAIL PROPERTIES LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DEVELOP, LEASE, SELL, ETC., REAL PROPERTY AND ANY BUSINESS			
5. Principal office address c/o Paula McNamara, 23 Catlin Avenue		City Rumford	State RI	Zip 02916	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Terrence Murray		Contact Title Manager			
Street Address 218 El Brillo Way		City Palm Beach	State Florida	Zip 33480	
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 Terrence Murray		Manager Name			
Street Address 218 El Brillo Way		Street Address			
City Palm Beach	State Florida	Zip 33480	City	State	Zip
Manager Name Suzanne Y. Murray		Manager Name			
Street Address 218 El Brillo Way		Street Address			
City Palm Beach	State Florida	Zip 33480	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 V. DUNCAN JOHNSON, ESQ.		Address EDWARDS & ANGELL, LLP			
Address 2800 FINANCIAL PLAZA		City PROVIDENCE	Zip 02903		

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



7 5 0 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.

Terrence Murray October 20, 2003
Signature of Authorized Person Date

Terrence Murray, Manager
Print or Type Name of Authorized Person

File Date	10 24 03
Check No.	4205
By:	<u>Terrence Murray</u>
FOR SECRETARY OF STATE USE ONLY	



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. 75091		2. Exact name of the limited liability company BEAVERTAIL PROPERTIES LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DEVELOP, LEASE, SELL, ETC., REAL PROPERTY AND ANY BUSINESS			
5. Principal office address c/o Paula McNamara, 23 Catlin Avenue		City Rumford	State RI	Zip 02916	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Terrence Murray		Contact Title Manager			
Street Address c/o FleetBoston Financial Corporation MA DE10026A, 100 Federal Street		City Boston	State MA	Zip 02110	
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 Terrence Murray		Manager Name			
Street Address 274 Benefit Street		Street Address			
City Providence	State RI	Zip 02906	City	State	Zip
Manager Name Suzanne Y. Murray		Manager Name			
Street Address 274 Benefit Street		Street Address			
City Providence	State RI	Zip 02906	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 V. DUNCAN JOHNSON, ESQ.		Address EDWARDS & ANGELL, LLP			
Address 2800 FINANCIAL PLAZA		City PROVIDENCE	Zip 02903		

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



7 5 0 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.

Terrence Murray November 12, 2002
Signature of Authorized Person Date

Terrence Murray, Manager
Print or Type Name of Authorized Person

FILED	
File Date	NOV 21 2002
Check No.	By: <i>cc 117544</i>
FOR SECRETARY OF STATE USE ONLY	

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 75091

Annual Report for the year 2001

- The name of the limited liability company is:
Beavertail Properties LLC
- The address of the principal office of the limited liability company is:
c/o V. Duncan Johnson, 2800 Financial Plaza, Providence, RI 02903
- The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
- The name and address of its resident agent is: V. DUNCAN JOHNSON, ESQ.
EDWARDS & ANGELL, LLP 2800 BANKBOSTON PLAZA PROVIDENCE RI 02903
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: c/o V. Duncan Johnson, Esq.
2800 Financial Plaza, Providence, RI 02903
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To acquire, develop, lease, sell and otherwise deal in real property and to engage in any business permitted under the Rhode Island Limited Liability Company Act.
- If the limited liability company has managers, the name and address of each manager of the limited liability company

Terrence Murray

274 Benefit Street, Providence, RI 02906

Suzanne Y. Murray

274 Benefit Street, Providence, RI 02906

Dated 9-17, 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.

Beavertail Properties LLC

Exact Name of Limited Liability Company

By Terrence Murray

Terrence Murray, Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date: **FILED**

Check No. SEP 21 2001

By: By [Signature]

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, or from our web site at www.state.ri.us

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 DLIC 75091

Annual Report for the year 2000

1. The name of the limited liability company is:

Beavertail Properties LLC

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

c/o V. Duncan Johnson, 2800 Financial Plaza, 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: V. DUNCAN JOHNSON

2800 Financial Plaza, 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: c/o V. Duncan Johnson, 2800 Financial Plaza,

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: To acquire, develop, lease, sell and otherwise deal in real property and to engage in any business permitted under the Rhode Island Limited Liability Company Act.

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

Terrence Murray

274 Benefit Street, Providence, RI 02906

Suzanne Y. Murray

274 Benefit Street, Providence, RI 02906

Dated December 26, 2000



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.

Beavertail Properties LLC

Exact Name of Limited Liability Company

By Terrence Murray
Terrence Murray, Manager

Title

FOR SECRETARY OF STATE USE ONLY
File Date: 1/11/2001
Check No.: 3522
By: J.D.



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 75091

Annual Report for the year 1999

- The name of the limited liability company is:
Beavertail Properties LLC
- The address of the principal office of the limited liability company is:
c/o V. Duncan Johnson, 2700 Hospital Trust Tower, Providence, RI 02903
- The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
- The name and address of its resident agent is: V. DUNCAN JOHNSON
2700 HOSPITAL TRUST TOWER PROVIDENCE, RI 02903
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: As Above
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To acquire, develop, lease, sell and otherwise deal in real property and to engage in any business permitted under the Act
- If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Terrence Murray</u>	<u>274 Benefit Street, Providence, RI 02906</u>
<u>Suzanne Y. Murray</u>	<u>" " " " "</u>

Dated November 30, 1999



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.

BEAVERTAIL PROPERTIES LLC
Exact Name of Limited Liability Company

By Terrence Murray
Terrence Murray, Member
Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date: **FILED**

Check No.: **DEC 15 1999**

By: [Signature]

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 LLC-3, along with a \$20.00 fee must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040.

V. DUNCAN JOHNSON
2700 HOSPITAL TRUST TOWER
PROVIDENCE, RI 02903

RETAIN FOR YOUR RECORDS

CorpId: LL 75091

Corp: Beavertail Properties LLC

File Date:

Check No.:

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 75091

Annual Report for the year 1998

1. The name of the limited liability company is:

Beavertail Properties LLC

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

c/o V. Duncan Johnson, 2700 Hospital Trust Tower, 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: V. DUNCAN JOHNSON

2700 HOSPITAL TRUST TOWER 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: As Above

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To acquire, develop, lease, sell and otherwise deal in real property and to engage in any business permitted under the Act

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

<i>Name</i>	<i>Address</i>
<u>Terrence Murray</u>	<u>274 Benefit Street, Providence, RI 02906</u>
<u>Suzanne Young Murray</u>	<u>274 Benefit Street, Providence, RI 02906</u>

Dated September, 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.



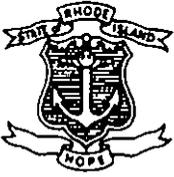
Beavertail Properties LLC
Exact Name of Limited Liability Company

By Terrence Murray
Terrence Murray, Member
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10/2/98</u>
Check No.:	<u>270</u>
By:	<u>[Signature]</u>

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 0075091

Annual Report for the year 1997

1. The name of the limited liability company is:

Beavertail Properties LLC

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

c/o V. Duncan Johnson, 2700 Hospital Trust Tower, 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:

V. Duncan Johnson, 2700 Hospital Trust Tower, 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: As Above

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To acquire, develop, lease, sell and otherwise deal in real property and to engage in any business permitted under the Act

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

Name	Address
<u>Terrence Murray</u>	<u>274 Benefit Street, Providence, RI 02906</u>
<u>Suzanne Young Murray</u>	<u>274 Benefit Street, Providence, RI 02906</u>

Dated September, 1997

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.

Beavertail Properties LLC

Exact Name of Limited Liability Company

FILED

OCT 15 1997

By LC 259

16. OCT 15 1997

By Terrence Murray
Terrence Murray
Member

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.# 75091

Annual Report for the year 1996

FIRST: The name of the limited liability company is: **Beavertail Properties LLC**

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

c/o V. Duncan Johnson, 2700 Hospital Trust Tower, Providence, RI 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:

V. Duncan Johnson
2700 Hospital Trust Tower, Providence, RI 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:

As Above

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

To acquire, develop, lease, sell and otherwise deal in real property and to engage in any business permitted under the Act

Dated August 30, 1996.

Beavertail Properties LLC
Exact Name of Limited Liability Company

File Date:	<u>9/10/96</u>
Check No:	<u>216</u>
By:	<u>ll</u>
<i>For Secretary of State Use Only</i>	

By Terrence Murray
To be signed in the manner required by the home state.
Terrence Murray
Title Member

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. # 0075091

Annual Report for the year 1995

FIRST: The name of the limited liability company is:

Beavertail Properties LLC

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

c/o V. Duncan Johnson
2700 Hospital Trust Tower, Providence, R.I. 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:

V. Duncan Johnson

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:

As Above

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

To acquire, develop, lease, sell and otherwise deal in real property
and to engage in any business permitted under the Act

Dated September 26, 1995

Beavertail Properties LLC

Exact Name of Limited Liability Company

FILED

OCT 11 1995

BY *[Signature]* 2072

*By

Terrence Murray
Terrence Murray

Title

Member

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

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0075091 Annual Report for the year: 1994

Name of Business Entity: Beavertail Properties LLC

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number: 05-0475110

For foreign entity, address and telephone number of principal office

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

c/o V. Duncan Johnson
2700 Hospital Trust Tower

Providence, Rhode Island 02903

Phone: (401) 274-9200

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1-1)
- Professional Service Corporation (See RIGL Chapter 7-5-1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

V. Duncan Johnson

Edwards & Angell

2700 Hospital Trust Tower

Providence, Rhode Island 02903

Brief statement of the character of business conducted in Rhode Island:

to acquire, develop, lease, sell and otherwise deal in
real property and to engage in any business permitted under
the act.

Date of Organization: 12/27/1993

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

- CHIEF EXECUTIVE OFFICER OR PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE
- CHIEF OPERATING OFFICER OR VICE PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE
- CLERK OF RECORDS OR SECRETARY (Check One) STREET ADDRESS CITY/STATE ZIP CODE
- CHIEF FINANCIAL OFFICER OR TREASURER (Check One) STREET ADDRESS CITY/STATE ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

- NAME STREET ADDRESS CITY/STATE ZIP CODE
- NAME STREET ADDRESS CITY/STATE ZIP CODE
- NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	CLASS	NUMBER	CLASS
	SERIES		SERIES
	PAR VALUE OR WITHOUT PAR		PAR VALUE OR WITHOUT PAR

Date: July 31, 1995

By: Terrance Murney

Terrance Murney
PRINT OR TYPE NAME OF OFFICER SIGNING

Member
TITLE OF OFFICER SIGNING

Form 31, 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

V. DUNCAN JOHNSON
2700 HOSPITAL TRUST TOWER
PROVIDENCE RI 02903

FILED
AUG 3 1995
BY [Signature]
146280