



**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. 117991		2. Exact name of the limited liability company Brooklyn Heights Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN, PURCHASE, LEASE, DEVELOP, RENT, MANAGE AND OTHERWISE DEAL IN REAL ESTATE AND ANY OTHER PURPOSE PERMITTED BY LAW.			
5. Principal office address 930 Oaklawn Avenue		City Cranston	State RI	Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Sabrina Campanella			Contact Title		
Street Address 930 Oaklawn Avenue		City Cranston	State RI	Zip 02920	
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			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 ROBERT D. MURRAY			Address		
Address 21 GARDEN CITY DRIVE		City CRANSTON	Zip 02920-		

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



File Date	11/23	*117991*
Check No.	9494	
By:	<i>[Signature]</i>	
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.

*Sabrina Campanella* 10-27-05  
Signature of Authorized Person Date

Sabrina Campanella  
Print or Type Name of Authorized Person



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1. ID No. <b>117991</b>		2. Exact name of the limited liability company <b>Brooklyn Heights Associates, 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>TO OWN, PURCHASE, LEASE, DEVELOP, RENT, MANAGE AND OTHERWISE DEAL IN REAL ESTATE AND ANY OTHER PURPOSE PERMITTED BY LAW.</b>			
5. Principal office address <b>930 Oaklawn Avenue</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Sabrina Campanella</b>			Contact Title		
Street Address <b>930 Oaklawn Avenue</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</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			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>ROBERT D. MURRAY</b>			Address		
Address <b>21 GARDEN CITY DRIVE</b>			City <b>CRANSTON</b>	Zip <b>02920</b>	

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



\* 1 1 7 9 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.

*Sabrina Campanella* 10-11-04  
Signature of Authorized Person Date

**Sabrina Campanella**

Print or Type Name of Authorized Person

File Date	<b>10/28/04</b>
Check No.	<b>7426</b>
By:	<b>W.</b>

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. <b>117991</b>		2. Exact name of the limited liability company <b>Brooklyn Heights Associates, 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>To own, purchase, lease, develop, rent, manage, and otherwise deal in real estate and any other purpose permitted by law</b>			
5. Principal office address <b>930 Oaklawn Avenue</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Sabrina Campanella</b>			Contact Title		
Street Address <b>930 Oaklawn Avenue</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</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			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>ROBERT D. MURRAY</b>			Address		
Address <b>21 GARDEN CITY DRIVE</b>			City <b>CRANSTON</b>	Zip <b>02920</b>	

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



\* 1 1 7 9 9 1 \*

File Date 11/17/03  
Check No. 27561  
By: [Signature]  
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] 11-7-03  
Signature of Authorized Person Date

**Sabrina Campanella**  
Print or Type Name of Authorized Person



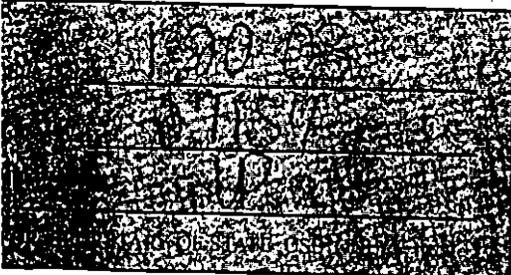
**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 117991		2. Exact name of the limited liability company Brooklyn Heights Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island To own, purchase, lease, develop, rent, manage, and otherwise deal in real estate and any other purpose permitted by law.			
5. Principal office address 930 Oaklawn Avenue		City Cranston	State RI	Zip 02920	
Contact Name Sabrina Campanella		Contact Title			
Street Address 930 Oaklawn Avenue		City Cranston	State RI	Zip 02920	
Manager Name N/A		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Agent Name ROBERT D. MURRAY		Address			
Address 21 GARDEN CITY DRIVE		City CRANSTON	Zip 02920		

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



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.

*Sabrina Campanella* 1-26-03  
Signature of Authorized Person Date

Sabrina Campanella  
Print or Type Name of Authorized Person