



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. 85994		2. Exact name of the limited liability company ROCKPORT HOMES 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 612 ELMGROVE AVE		City PROV	State RI
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MICHAEL B. SHORE		Contact Title MEMBER	
Street Address SEE #8		City	State
		Zip	
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 MICHAEL S. SHORE		Address	
Address 612 ELMGROVE AVENUE		City PROVIDENCE	Zip 02906

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



File Date	9/9/05	*85994*
Check No.	2171	
By:	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 Date **9/7/05**

MICHAEL SHORE
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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 85994		2. Exact name of the limited liability company ROCKPORT HOMES 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 612 ELMGROVE AVE		City PROV	State RI
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MICHAEL SHORE		Contact Title MEMBER	
Street Address ABOVE		City	State
		Zip	
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	City	State
Zip		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 MICHAEL B. SHORE		Address	
Address 612 ELMGROVE AVENUE		City PROVIDENCE	Zip 02906

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



* 8 5 9 9 4 *

File Date	10-12-04
Check No.	2049
By	AMF
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 10/11/04

MICHAEL B. SHORE
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. 85994		2. Exact name of the limited liability company ROCKPORT HOMES 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 612 ELMGROVE AVE		City PROVIDENCE		State RI	Zip 02906
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MICHAEL SHORE			Contact Title MEMBER & AGENT		
Street Address 612 ELMGROVE AVE		City PROVIDENCE		State RI	Zip 02906
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 MICHAEL S. SHORE			Address		
Address 612 ELMGROVE AVENUE			City PROVIDENCE		Zip 02906

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



* 8 5 9 9 4 *

File Date	10/14/03
Check No.	1904
By	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
Date **10/17/03**
MICHAEL SHORE
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. 85994		2. Exact name of the limited liability company ROCKPORT HOMES 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 612 ELMGROVE AVE		City PROV	State RI
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MICHAEL B. SHORE		Contact Title MEMBER	
Street Address 612 ELMGROVE AVE		City PROV	State RI
		Zip 02906	
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		* Manager Name	
Street Address		* Street Address	
City	State	Zip	City
State	State	State	State
Manager Name	* Manager Name		
Street Address	* Street Address		
City	State	Zip	City
State	State	State	State
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name MICHAEL S. SHORE		Address	
Address 612 ELMGROVE AVENUE		City PROVIDENCE	Zip 02906

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



* 8 5 9 9 4 *

File Date	<u>10-9-02</u>
Check No.	<u>1773</u>
By:	<u>AMK</u>
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.

Michael B. Shore 10/4/02
Signature of Authorized Person Date
MICHAEL B. SHORE
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 85994

Annual Report for the year 2001

1. The name of the limited liability company is:

ROCKPORT HOMES LLC

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

612 ELM GROVE AVE. PROVIDENCE RI 02906

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: MICHAEL S. SHORE

612 ELMGROVE AVENUE PROVIDENCE RI 02906

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: MICHAEL B. SHORE (MEMBER) 612 ELMROVE AVE

PROV. RI 02906

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
- | <i>Name</i> | <i>Address</i> |
|-------------|----------------|
|-------------|----------------|

Dated 22 SEPTEMBER 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.

ROCKPORT HOMES LLC
Exact Name of Limited Liability Company

By MICHAEL B. SHORE
MEMBER
Title _____

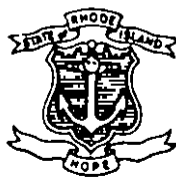
Form No. 632
Revised 01/99

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 the office. Forms may be

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 85994

Annual Report for the year 2000

1. The name of the limited liability company is:
ROCKPORT HOMES LLC
2. The address of the principal office of the limited liability company is:
612 ELMGROVE AVE PROV. RI 02906
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: B. MICHAEL X SHORE
612 ELMGROVE AVENUE PROVIDENCE RI 02906
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: 612 ELMGROVE AVE PROV RI 02906
MICHAEL B. SHORE
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
<u>MICHAEL B. SHORE</u>	<u>612 ELMGROVE AVE PROV RI 02906</u>

Dated 9/1/00



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.

ROCKPORT HOMES LLC
Exact Name of Limited Liability Company

By [Signature]

MEMBER + AGENT
Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9/12

Check No.: 1549

By: [Signature]



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 0085994

Annual Report for the year 1999

1. The name of the limited liability company is:

Rockport Homes LLC

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

612 Elmgrove Avenue, Providence, RI 02906

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: Michael Shore, 612 Elmgrove Avenue,
Providence, RI 02906

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: Michael Shore, 612 Elmgrove Avenue,
Providence, RI 02906

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

Michael Shore

612 Elmgrove Avenue, Providence, RI 02906

Dated November 19, 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.

PAID

DEC 01 1999

SECRETARY OF STATE

66. WJ T2 1-339

NO SHOUTS BY

DIVISION OF CORPORATIONS
Michael Shore, Agent

RECEIVED

Rockport Homes LLC

Exact Name of Limited Liability Company

By

Michael Shore, Agent

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

LIMITED LIABILITY COMPANY

ID Number 0085994

Annual Report for the year 1998

1. The name of the limited liability company is:
Rockport Homes LLC
2. The address of the principal office of the limited liability company is:
612 Elmgrove Avenue, Providence, RI 02906
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: Michael Shore, 612 Elmgrove Avenue,
Providence, RI 02906
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: Michael Shore, 612 Elmgrove Avenue,
Providence, RI 02906
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

Michael Shore

612 Elmgrove Avenue, Providence, RI 02906

Dated Nov 19, 19 99

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.

Rockport Homes LLC

Exact Name of Limited Liability Company

By

Michael Shore, Agent

Title

PAID

DEC 01 1998

SECY OF STATE

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 0085994

Annual Report for the year 1997

- The name of the limited liability company is:
ROCKPORT HOMES LLC
- The address of the principal office of the limited liability company is:
1 TALL PINES DR., BARRINGTON RI 02806
- The state or other jurisdiction under the laws of which it is formed is: RI
- The name and address of its resident agent is: MICHAEL SHORE (ABOVE ADDRESS)
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: ABOVE ADDRESS — MICHAEL SHORE
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: REAL ESTATE
- If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated 9/1, 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.

PAID

SEP 23 1997
SECY OF STATE

ROCKPORT HOMES LLC

Exact Name of Limited Liability Company

By

agent

Title