

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

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

Matthew A. Brown, Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_ 2005

1. ID No.	2 Exact name of the limit	ed liability company			
85994	_   ROCKPORT HOMES	LLC			
3. State of Formation	4. Brief descripti	on of the character of the h	business which is actually conducted in A	threle Island	- <u>-</u>
RHODE ISLAND	REAL ESTA	TE.			
5. Principal office addr			FROV	State	Zip
•	GROVE AVE		1 ** * *	102	02906
D. MAILING ADDR Contact Name	ESS OF LIMITED LIAB	ILITY COMPANY AN	D NAME OR TITLE OF CONTA	CT PERSON:	<del></del>
Uschon	B, SHORE	_	MEMBER		
Street Address	DI DAVICE	•	City	State	Ζφ
SEE #	~				1
		CED OF THE TIME	: ED LIABILITY COMPANY, IF A	nnicanie	
	FILL IN SE	PACES BEFORE USIN	IG ATTACHMENTS ("X" BOX IIRES FILING OF AMENDMENT		7-16-52
A	FILL IN SE	PACES BEFORE USIN	IG ATTACHMENTS ("X" BOX IIRES FILING OF AMENDMENT Manager Name		7-16-52
A. Janager Name	FILL IN SE	PACES BEFORE USIN	IRES FILING OF AMENDMENT:		7-16-52
A. lanager Name	FILL IN SE	PACES BEFORE USIN	IIRES FILING OF AMENDMENT  Manager Name		7-16-52 Zip
A danager Name  reet Address	FILL IN SE	PACES BEFORE USIN O MANAGERS REQU	IRES FILING OF AMENDMENT  Manager Name  Street Address	, R.I.G.L. 7-16-12 (a) (2) /	
Alanager Name  Ireet Address  uy  tanager Name	FILL IN SE	PACES BEFORE USIN O MANAGERS REQU	IRES FILING OF AMENDMENT  Manager Name  Street Address  City	, R.I.G.L. 7-16-12 (a) (2) /	
Alanager Name  Ireet Address  Sty  Ianager Name  Ireet Address	FILL IN SE	PACES BEFORE USIN O MANAGERS REQU	IRES FILING OF AMENDMENT  Manager Name  Street Address  City  Manager Name	, R.I.G.L. 7-16-12 (a) (2) /	
Anager Name  Ireet Address  Inty  Itanager Name  Ireet Address	State	PACES BEFORE USIN O MANAGERS REQU Zip	IRES FILING OF AMENDMENT  Manager Name  Street Address  City  Manager Name  Street Address	State  State	Ζφ
Anager Name  freet Address  fury  fanager Name  freet Address  fity  RESIDENT AGE  gent Name	State  State  State  NT IN RHODE ISLAND	PACES BEFORE USIN O MANAGERS REQU Zip	IRES FILING OF AMENDMENT  Manager Name  Street Address  City  Manager Name  Street Address  City  Changes require filing of Fort	State  State	Ζφ
A Manager Name Street Address City Stanager Name Street Address	State  State  State  NT IN RHODE ISLAND	PACES BEFORE USIN O MANAGERS REQU Zip	IRES FILING OF AMENDMENT  Manager Name  Street Address  City  Manager Name  Street Address  City  Changes require filing of Fort	State  State	Ζφ

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 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
File Date 9 9 05°85994°  Check No. 217	contained herein of Irue and correct.
FOR SECRETARY OF STATE USE ONLY	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

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

ence, RI 02903-1335 401.222.3040

#### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_

2004

Filing Period: Septen (FORM MUST BE TYPED		• Filing Fee: \$5	50.00	_	<del></del>
1. II) No. 85994	2. Exact name of the limit ROCKPORT HOMES				<del></del>
3. State of Formation RHODE ISLAND	4. Brief descripti REAL ESTA	•	histness which is actually conducted	in Rbode Island	
5 Principal office address			City .2- /	State	Zip
	IGROVE A	· •	PROV	RI	02906
6. MAILING ADDRE	SS OF LIMITED LIAB	ILITY COMPANY AN	D NAME OR TITLE OF CON : Contact Title	TACT PERSON:	
MICHA	IEL SH	PRE	MEMBE	=P	
MICHY Street Address ABO		-	City	State	Zip
ABO.	VE				
	FILL IN SE	ACES BEFORE USIN	ED LIABILITY COMPANY, IF IG ATTACHMENTS ("X" BO IRES FILING OF AMENDME  : Manager Name	OX FOR ATTACHMENT) [	
-			<b>3.</b>		
Street Address			Street Address		
City	State	Zip	Glly	State	Zip
Manager Name	••••••••••••••••••••••••		Manager Name		······································
Street Address			Street Address		
City	State	Zψ	Gliy	State	ZIp
8. RESIDENT AGENT Agent Name B , MICHAELS SHORE	I IN RHODE ISLAND	- DO NOT ALTER - (	Changes require filing of F	form 642 - R.t.G.L. 7-16-1	1
Address 612 ELMGROVE AVE	NUE		City PROVIDENCE	7.0	<i>p</i> 02906
			·		

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

	_		4	

File Date	10-12-04
Check No	, 2049
Ву:	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	<u>-</u>
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 Durision 100 North Main Street Providence, RI 02903-1335

401 222 3040

#### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_

2003

/ //2.No <b>85994</b>	2 Exact name of the limited ROCKPORT HOL				
State of Forma	tion & Brief descriptes.	voj the character of the hi	isiness which is actually conducted :	n Rhode Island	
RHODE ISLAM	ND REAL ESTAT	<b>E</b> .			
G12	ELMGROVE	AVE	Providen	ICE RI	02906
MAILING A	ADDRESS OF LIMITED LIABII	JTY COMPANY ANI	NAME OR TITLE OF CONT	TACT PERSON:	
maci Same Mi Ci	HAEL SHOP		Contact Title	ER & AGEN	1-
6/2	HAEL SHOPE	AVE	Providence	E State RI	02906
NAME AND	ADDRESS OF EACH MANAC	ER OF THE LIMITE	D LIABILITY COMPANY, IF	APPLICABLE	, , ,
			ATTACHMENTS ("X" BC		<b>-</b> 16 10
mager Name	ANT MODIFICATIONS TO	MANAGERS REQUI	:	NT, R.I.G.L. 7-16-12 (a) (2) /	7-16-52
anice varie			Manager Name		
oet Address	<u> </u>	<del>_</del>	Street Address		
			Succe Autors		
	<del></del>	<del></del> .	<del></del>	State	<del></del>
	State	$Z\psi$	City	1 sian:	$Z_{iD}$
	State	Ζφ	City	Side	<i>Zip</i> <b>●</b>
	State	Ζφ	- Gity Manager Name	, sau:	Ζφ
anager Name	State	Ζφ	Manager Name		Ζφ
lanager Name	State	Ζιρ			Ζφ
aranger Name	State State	Zφ	Manager Name	State	
anager Name reet Address	State	Zip	Manager Name Street Address City	State	Zιp
ununger Name revet Address IV  RESIDENT		Zip	Manager Name  Street Address  City  hanges require filing of Fo	State	
anager Name ext Address  ty  RESIDENT eent Name	State AGENT IN RHODE ISLAND	Zip	Manager Name Street Address City	State	
tanager Name reet Address ity . RESIDENT gent Name	State AGENT IN RHODE ISLAND	Zip	Manager Name  Street Address  City  hanges require filing of Fo	State	
anager Name reet Address  IV  RESIDENT gent Name  IICHAEL S. SH  ddress  12 ELMGROVI	State  AGENT IN RHODE ISLAND	Zip	Manager Name  Street Address  City  hanges require filing of Fo	State	Zīp

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

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File Date	10	115	40	_3_			
Check No .		190	74C			_	
Ву		0 <u>n</u>	<u>-</u>				
FO	R SECRE	TARY O	F STATI	E USF C	DNLY		

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements
 sontained herein are true and correct.
Miller 50 10/1/03
Signature of Authorized Person Date
MICHAEL SHORE  Point or Type Name of Authorized Person



Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

(FORM MUST BE TY			ruing Fee: \$30	0.00			
I. ID No.			iabilty company	<del></del> .			·· <del>·</del>
85994	ROCKPOR	THOMES LLC	;				
3. State of Formation	4. Bri	ef description o	f the character of the	business which is actually cond	ucted in Rhode Island	<u> </u>	<u></u>
RHODE ISLAND		AL ESTATE.					
5. Principal office add		_		City	State		Zip
612 E	ZMOROL	IE A	15	PROV		I	1290b
6. MAILING ADI	DRESS OF LI	MITED LIA	BILITY COMPA	NY AND NAME OR TIT	LE OF CONTACT I	PERSON:	
				Contact Title	_		
MICH	AEL K ELMGR	5, 3HO	IRE	MEME	BER		
Street Address		1	1.6-	City	State	RI	Zip 2 1
6/2 6	CMOR	OVE	AVE	· FROV			02906
ANAMEANDAD	Fil	L IN SPACES	BEFORE USING	MITED LIABILITY CON ATTACHMENTS ("X" I RES FILING OF AMENDMEN	BOX FOR ATTACHMEN	τ□	
Manager Name				• Manager Name		····	
Street Address				*Street Address		<u> </u>	<u> </u>
				•			
City	State	_	Zip	*City	State		Zip
				•			•
Manager Name		•		Manager Name	• • • • • • • • • •		• • • • • • • • •
Street Address				Street Address			
<del></del>				•			
City	State		Zıp	.City	State		Zip
			<u> </u>	•		ľ	
8. RESIDENT AGE	NT IN RHODE	ISLAND -DO	NOT ALTER- Ch	anges require filing o	f Form 642 - R.I.G.L	7-16-11	
Agent Name				Address			
MICHAEL S. SHORE	<u> </u>						
Address				City		Zip	
612 ELMGROVE AV	ENUE			PROVIDENCE		02906	
	<u> </u>	-		<del></del>		1	

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



File Date	1-9-12	
Check No <u>.</u>	1773	
By:	AME	
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

MICHAEL B. SHERE

Print or Type Name of Authorized Person

To be filed annually between September 1 and November 1

\* 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

)	Number DLLC 85994 Annual Report for the year 2001
	The name of the limited liability company is:
	ROCKPORT HOMES LLC
	The address of the principal office of the limited liability company is:
	612 ELMGROVE AVE, PROVIDENCE RI 02906
	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: MICHAEL S. SHORE
	612 ELMGROVE AVENUE PROVIDENCE RI 02906
	The current mailing address of the limited lightlifty company and the name or title of a person to when a person to the current
	The current maining address of the limited liability company and the name of title of a person to whom communications
	may be directed are: MICHAEL B. SHORE (MEMBER) 6/2 ELMOROVE I PROV. RT 02906
	may be directed are: MICHAEL B. SHORE (MEMBER) 6/2 ELMOROVE I PROV. RT 02906
	may be directed are: MICHAEL B., SHORE (MEMBER) 6/2ELMGROVE A Brief statement of the character of the business in which the limited liability company is actually engaged in this
	may be directed are: MICHAEL B., SHORE (MEMBER) 6/2 ELMGROVE A PROV. RT 02906  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
	A brief statement of the character of the business in which the limited liability company is actually engaged in this state:  **EAL ESTATE**  If the limited liability company has managers, the name and address of each manager of the limited liability company

FOR SECRETARY OF STATE USE ONLY File Date: 9-25-01

Check No.:

By:

1645

report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Title

Form No. 632 Revised 01/99

## To be filed annually between September 1 and November 1

Revised 01/99



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 compar	ny is:
	ROCKPORT HOMES LLC	
2.	The address of the principal office of the	e limited liability company is:
	612 ELMOROVE	AVE FROV. RI 02906
3.		laws of which it is formed is RHODE ISLAND
	The name and address of its resident a	B.
	612 ELMGROVE AVENUE PROVIDEN	NCE RI 02906
5.	The current mailing address of the limit	ed liability company and the name or title of a person to whom communications
	may be directed are: 612 EL	MOROVE AVE PROV RITOZGOL
	MICHAEL	B. SHORE
	A brief statement of the character of the state: REAL ESTATE	he business in which the limited liability company is actually engaged in this
7.	If the limited liability company has mana Name	gers, the name and address of each manager of the limited liability company  Address
	MICHPEL B. SHORE	612 ELMGROVE AVE PROV RI 02906
-		
Date	ted 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.
	8 5 9 9 4	ROCKPORT HOMES LLC  Exact Name of Limited Liability Company
FO File D	OR SECRETARY OF STATE USE ONLY Date: 9/12_	By Mala S
Check	(No.: 15-49	MEMPER + AGENT
By:	7	Form No. 632



Revised 8/97

### 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 i	s:
2.	The address of the principal office of the line 612 Elmgrove Avenue, Providence	•
3.	The state or other jurisdiction under the law	vs of which it is formed is: Rhode Island
4.	The name and address of its resident agen Providence, RI 02906	tis: Michael Shore, 612 Elmgrove Avenue,
	communications may be directed are: Mi Providence, RI 02906	chael Shore, 612 Elmgrove Avenue,
6.	A brief statement of the character of the bastate: real estate	ousiness in which the limited liability company is actually engaged in this
7.	If the limited liability company has mana company  Name	gers, the name and address of each manager of the limited liability  Address
	Michael Shore	612 Elmgrove Avenue, Providence, RI 02906
	PAID.  DEC 0 1 1999 73 66. WJ TZ 1-	Michael Shore, Agent
Form	No. LLC-19	Titlo

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

CHAILED CIMPAIN				
ID	Number <u>0085994</u>	Annual Report for the year		
1.	The name of the limited liability company i	s:		
2.	The address of the principal office of the lin			
3. 4.		t is: Michael Shore, 612 Elmgrove Avenue,		
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			
	A brief statement of the character of the business in which the limited liability company is actually engaged in this state: <a href="real-estate">real-estate</a> If the limited liability company has managers, the name and address of each manager of the limited liability			
	Name  Michael Shore	Address 612 Elmgrove Avenue, Providence, RI 02906		
Date S	PAID  DEC D 1 1966 MA 13 (14)  ECY O'S STEVEN STATE OF ST	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		

Form No LLC-19 Revised 8/97

To be filed annually between September 1 and November 1



Revised 8/97

### 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

	LIMITED LIABILITY COMPANY
ID	Number 0085994 Annual Report for the year 1997
1.	The name of the limited liability company is:  ROCKPORT HOMES ELC
2.	The address of the principal office of the limited liability company is:    TALL PINES DR., BARRINGTON RI 07806
3.	The state or other jurisdiction under the laws of which it is formed is: RT
4.	The name and address of its resident agent is: MICHAEL SHORE (ABOVE ADDRESS
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:   ### APPRESS — MICHAEL SHORE    Property
<ul><li>6.</li><li>7.</li></ul>	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
Dat	PAID  ROCKPORT HOMES LLC  Exact Name of Limited Liability Company  SEP 2 3 1897  SEC'Y OF STATE  By  SEC'Y OF STATE  SINGS PERIOD, T declare and all minimit that Thave 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  SEC'Y OF STATE
Form	No LLC-19