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.	2. Exact name of the limited liability company
99593	59 Foundry Street, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	REAL ESTATE HOLDING COMPANY.

5. Principal office address	City	State	Zip
59 FOUNDRY STREET	CENTRAL FALLS	RI	02863

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Mark A. Lord	President

Street Address	City	State	Zip
59 FOUNDRY ST.	CENTRAL FALLS	RI	02863-

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	Street Address	City	State	Zip

Manager Name	Street Address	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	Address	City	Zip
MICHAEL F. SWEENEY, ESQ.	ONE TURKS HEAD PLACE, SUITE 1200	PROVIDENCE	02903

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

[redacted] 99593 [redacted]

99593 DLLC 08/26/05 04:05:16 PM

File Date 9/15/05

Check No. 1328

By: GMD

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* 9/14/05

[redacted] Mark A. Lord

Print or Type Name of Authorized Person

Form 632 Rev. 6/02

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.	2. Exact name of the limited liabilty company
99593	59 Foundry Street, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	REAL ESTATE HOLDING COMPANY.

5. Principal office address	City	State	Zip
59 FOUNDRY STREET	CENTRAL FALLS	RI	02863

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
GINA G LORD	

Street Address	City	State	Zip
59 FOUNDRY ST.	CENTRAL FALLS	RI	02863-

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	Street Address	City	State	Zip

Manager Name	Street Address	City	State	Zip

Manager Name	Street Address	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	Address	City	Zip
MICHAEL F. SWEENEY, ESQ.	ONE TURKS HEAD PLACE, SUITE 1200	PROVIDENCE	02903

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

[redacted] 99593 [redacted]

99593 DLLC 09/01/04 09:30:12 AM

File Date 9/28/04

Check No. 233875

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.

Gina G Lord, member 9-24-04

Signature of Authorized Person *Date*

[redacted] Gina G. Lord

Print or Type Name of Authorized Person

Form 632 Rev. 6/02

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.	2. Exact name of the limited liability company
99593	59 Foundry Street, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	REAL ESTATE HOLDING COMPANY.

5. Principal office address	City	State	Zip
59 FOUNDRY STREET	CENTRAL FALLS	RI	02863

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
GINA G LORD	

Street Address	City	State	Zip
59 FOUNDRY ST.	CENTRAL FALLS	RI	02863-

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	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND -*DO NOT ALTER*- Changes require filing of Form 642 - R.I.GL. 7-16-11

Agent Name	Address	City	Zip
MICHAEL F. SWEENEY, ESQ.	ONE TURKS HEAD PLACE, SUITE 1200	PROVIDENCE	02903

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

[redacted] 99593 [redacted]

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.

Gina G Lord, Member 11/1/03
Signature of Authorized Person *Date*

Gina G. Lord, member
Print or Type Name of Authorized Person

99593 DLLC 09/16/03 09:44:54 AM
File Date 11/18/03
Check No. 1119
By:
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

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

Edward S. Inman, III, 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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liabilty company
99593	59 Foundry Street, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	REAL ESTATE HOLDING COMPANY.

5. Principal office address	City	State	Zip
59 FOUNDRY STREET	CENTRAL FALLS	RI	02863

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
GINA G LORD	

Street Address	City	State	Zip
59 FOUNDRY ST.	CENTRAL FALLS	RI	02863-

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	Street Address	City	State	Zip

Manager Name	Street Address	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	Address	City	Zip
MICHAEL F. SWEENEY, ESQ.	ONE TURKS HEAD PLACE, SUITE 1200	PROVIDENCE	02903

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

[redacted] *99593*

99593 DLLC9/26/0210:53:09 AM
File Date 11-6-02
Check No. 1070
By: dc
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.

Gina G Lord 10/31/02
Signature of Authorized Person *Date*

[redacted] Gina G Lord member
Print or Type Name of Authorized Person

Form 632 Rev. 6/02

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 DLLC99593

Annual Report for the year 2001

1. The name of the limited liability company is:
   59 Foundry Street, LLC
2. The address of the principal office of the limited liability company is:
   59 Foundry Street, Central Falls, RI 02863
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 F. Sweeney, Esq.
   Duffy & Sweeney, LTD, One Turks Head Place, Suite 1200, 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: Gina G. Lord dba. Regina B. Lord
   59 Foundry Street, Central Falls, RI 02863
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate holding company
7. If the limited liability company has managers, list the name and address of each manager:

Name	*Address*

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.

Date: 11/01/01

11-5-01
Ck # 1042
2c

59 Foundry Street, LLC
Exact Name of Limited Liability Company

By Regina B. Lord, member

Member
Title

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 DLLC 99593 **Annual Report for the year** 2000

1. The name of the limited liability company is:

   59 Foundry Street, LLC

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

   59 Foundry Street, Central Falls, RI 02863

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 F. SWEENEY

   300 TURKS HEAD BUILDING 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: Gina G. Lord

   P.O. Box 395, Jamestown, RI 02835

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

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

Name	*Address*

Dated 10-03-00

99593

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.

59 Foundry Street, LLC
Exact Name of Limited Liability Company

By Gina G. Lord, member
Member
Title

FOR SECRETARY OF STATE USE ONLY
File Date: 10/18
Check No.: 1002
By: dc

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 99593 **Annual Report for the year** 1999

1. The name of the limited liability company is:

   59 Foundry Street, LLC

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

   59 Foundry Street, Central Falls, RI 02863

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 F. SWEENEY

   300 TURKS HEAD BUILDING 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: Gina G. Lord

   59 Foundry Street, Central Falls, RI 02863

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

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

Name	*Address*

Dated 10/26/99

* 9 9 5 9 3 *

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.

59 Foundry Street, LLC
Exact Name of Limited Liability Company

By Gina G. Lord
Member
Title

FOR SECRETARY OF STATE USE ONLY
File Date: PAID
Check No.: OCT 27 1999 LLD 12317
By: SEC'Y OF STATE

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING