

* 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

Form 632 Rev. 6/02

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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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

ID No.	YPED OR PRINTED IN BLA 2. Exact name of the lim	CK)			_
9593	59 Foundry Street	, LLC			
State of Formation	4. Brief descript	ion of the character of	the business which is actually conducted in	Rhode Island	
HODE ISLANI	D REAL ESTA	TE HOLDING COM	PANY.		
Principal office ad			City	State	Zip
FOUNDRY S			CENTRAL FALLS	RI	02863
MAILING AD	DRESS OF LIMITED	LIABILITY COM	PANY AND NAME OR TITLE OF	CONTACT PER	SON:
NA G LORD			Contact Title		*
et Address			City	- Iguar	
FOUNDRY S			CENTRAL FALLS	State R I	<i>Zip</i> 02863-
SAME AND A	DDRESS OF EACH MA	ANAGER OF THI	E LIMITED LIABILITY COMPA	NY, IF APPLICA	BLE
	1100 11131	ACES DEFORE USI	NG ALTACHMENTS - ("X" ROX FOR	ATTACHMENTS []	
ager Name	IOANIONS	- managers REC	QUIRES FILING OF AMENDMENT. R.I.	G.L. 7-16-12 (a) (2) /	7-16-52
			·Manager Name ·		
et Address			Street Address		
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,	State	Zip	*City	State	Zip
nager Name			· · · · · · · · · · · · · · · · · · ·]
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et Address			•Street Address		
	State	17:-	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
		Zip	City	State .	Zip
RESIDENT AGE	NT IN RHODE ISLAND	-DO NOT ALTER- C	hanges require filling of Forn	1 642 - PICL 7 1	
			Address	7	,-11
ress	EENEY, ESQ.		ONE TURKS HEAD PI	ACE, SUITE 1	200
-			City	Zip	
		<u> </u>	PROVIDENCE	loz	903
report must be	e signed in ink by an o	authorized person	pursuant to 7-16-66.		
	0 1 /04 09:30:12 AM*	-	Under penalty of perjury this report, including any and that all statements or	, I declare and affirm accompanying sche ontained herein are to	dules and statements



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 VEAR 2003

99593							
State of Formation	n			e business which is actually conducted in			
RHODE ISLAN		REAL ESTATE	HOLDING COMP	e dusiness which is actually conducted in NNY.	Rhode Island		
Principal office a 59 FOUNDRY				City CENTRAL FALLS	State	Zip	
6. MAILING AL	DRESS	OF LIMITED LI	ABILITY COMP	ANY AND NAME OR TITLE O	RI	02863	
			iis.biti çomi	Contact Title	F CONTACT PER	SON:	
GINA G LORD				•			
Greei Address 9 FOUNDRY S	`T			City State Zip			
				.CENTRAL FALLS	RI	12222	
. NAME AND A			- EN DEFORE USING	LIMITED LIABILITY COMPA ATTACHMENTS ("X" BOX FOR	477746774674	BLE	
	ANY M	ADDIFICATIONS TO	MANAGERS REQU	IRES FILING OF AMENDMENT. R.L.	G.L 7-16-12 (a) (2) /	7-16-52	
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lity		State	Zip	City	State	12:	
		J		•		Zip	
anager Name				Manager Name			
rect Address					_		
				Street Address			
ty		State	Zıp	Ciry	(C)		
				•	State	Zip	
RESIDENT AG	ENT IN RI	HODE ISLAND -	O NOT ALTER- Ch	anges require filing of Form	542 DICL 74		
				Address	1 942 - KliGL. 7-10	5-11	
/ICHAEL F.,SV	VEENEY,	, ESQ.		ONE TURKS HEAD PL	ACE. SUITE 1	200	
Idress				City	Zip		
				PROVIDENCE	[]	903	
is report must b	e signed	in ink by an au	thorized person n	ursuant to 7-16-66.			
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				Under penalty of perjury	l declare and affirm	that I have examined	
99593 DLLC 09	/16/03 00	9:44:54,AM*	7	this report, including any and that all statements co	accompanying sche	dules and statements	
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ic Date 11 8	<u>105</u>			Signature of Authorized Per	ford mes	Date 11/1/03	
eck No.	<u>105</u>			Signature of Authorized Per	1 1	Daie 11/1/03	

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 Junth Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: Septe (FORM MUST BE TYP.			Filing Fee: \$50.00			_	
1. ID No. *99593*	2. Exac	name of the limited lie nundry Street, LLC					
3. State of Formation	1	4. Brief description of	the character of the business	which is actually conducted in I	Rhode Island	<u> </u>	
RHODE ISLAND		REAL ESTATE HO	DLDING COMPANY.				
5. Principal office addr				City	State		Zip
59 FOUNDRY ST				CENTRAL FALLS	RI	_	02863
6. MAILING ADD	RESS C	F LIMITED LIAB	<u>LLITY COMPANY AN</u>	D NAME OR TITLE OF	CONTACT	PERSON:	
GINA G LORD				• Condci Title			
Street Address 59 FOUNDRY ST				City CENTRAL FALLS	State RI	·	<i>Zip</i> 02863 -
r Line of the same of the same of the		FILL IN SPACES	BEFORE USING ATTAC	ED LIABILITY COMPAI THMENTS ("X" BOX FOR LING OF AMENDMENT, R.I.G	ATTACHMENT		
Manager Name				• Manager Name •		•	
Street Address	•	<u></u>	<u> </u>	• Street Address			
City		State	Zip	*City	State	<u> </u>	Zip
Manager Name	• • • •			Manager Name		• • • • •	1
Street Address				*Street Address			
City		State	Zip	·City	State	-	Zip
8. RESIDENT AGEN Agent Name	T IN RI	IODE ISLAND DO	NOT ALTER- Changes	require filing of Form	n 642 - R.I.GI	7-16-11	, , , , , , , , , , , ,
MICHAEL F. SWE	ENEY.	ESQ.		Address ONE TURKS HEAD PL	מרב פווזי.	ፑ 1200	
Address		<u> </u>		City			
• .	· .		·	PROVIDENCE		02903	
•			-				
This report must be	signed	in ink by an auth	orized person pursua	nt to 7-16-66.			
							•
*00502 DLL C0/26	2/0240.6	52:00 444	1	Under penalty of perjury this report, including an and that all statements of	y accompanyin	g schedules a	and statements,
*99593 DLLC9/26	/- C	0- 02		a a.	lor A	10 /2. /	
Check No.	1	370		Signafure of Authorfzed Pe	erson	Dole	
B _Y : FOR SECRETARY OF	STATE (1	SE ONLY		Print of Type Name S Aut	Lova 7	nemb.	er
TOR SECRETARI OF	SIMIE U	OE ONLI]	/			Form 632 Rev. 6/02



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

10	Number <u>DLLC99593</u>	Annual Report for the year	2001				
1.	The name of the limited liability company 59 Foundry Street, LLC	y is:					
2.	The address of the principal office of the limited liability company is: 59 Foundry Street, Central Falls, RI 02863						
3. 4.	knode Island						
5.	The current mailing address of the I	limited liability company and the name or title of a per Gina G. Lord 1884. Require 18 Lord 1s, RI 02863					
6. 7	state: Keal estate holding comp	e business in which the limited liability company is actually eany pers, list the name and address of each manager:					
	Name	Address					
Date	::	Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and stathat all statements contained herein are true and correct. 59 Foundry Street, LLC Exact Name of Limited Liability Company By Mayer B. Joul, Markey	examined this tements, and				
	No. 632 ed: 01/99	Member Title	 _				

Filing Fee: \$50.00

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 99593	Annual Report for the year 2000			
1.	The name of the limited liability co	ompany is:			
	59 Foundry Street, LLC				
2.	The address of the principal office	of the limited liability company is:			
	59 Foundry Street. Centra	1 Falls, RI 02863			
3.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND				
4.					
	300 TURKS HEAD BUILDING PR	OVIDENCE 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.				
,	P. O. Box	395 Jamestown, RI 02835			
	A brief statement of the character state: Real estate holding	of the business in which the limited liability company is actually engaged in this			
7. (If the limited liability company has <i>i</i> <i>Name</i>	managers, the name and address of each manager of the limited liability company Address			
-					
-					
Date	d	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			
File Da	OR SECRETARY OF STATE USE ONLY ate:	By Good merper			
Check	No.: 1002	Member Title			
By:	de	Form No. 632			

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

		EMITTED CIABILITY COMPANY					
ID	Number <u>LL 99593</u>	Annual Report for the year 1999					
1.	The name of the limited liability compa	any is:					
	59 Foundry Street, LLC						
2.	The address of the principal office of the	ne limited liability company is:					
	59 Foundry Street, Central F.	alls, 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 PROV	DENCE, RI 02903					
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: Gina G. Lord						
	59 Foundry St	reet, Central Falls, RI 02863					
6.		he business in which the limited liability company is actually engaged in this					
	state: Real estate holding comp						
7.		agers, the name and address of each manager of the limited liability company Address					
Date	ed /0/26/99	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.					
	* 9 9 5 9 3 *	59 Foundry Street, LLC Exact Name of Limited Liability Company					
File D		By Jan Jan Member					
Check	1 1 7	Title					
Ву:	SEC'Y OF STATE	Form No. 632 Revised 01/00					

DETACH BOTTOM BEFORE RETURNING