

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

Matthew A. Brown, Secretary of State

Corporutions Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

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

2005

Filing Period: So (FORM MUST BE T)	eptember 1 - YPED OR PRIN	November 1 TED IN BLACK)	• Filing Fee: \$50.0	0		`		
1. ID No. 108593	2. Exact KBA	A INVESTMENTS, LLC						
3 State of Formation		4. Brief description	of the character of the husin	sess which is actually conducted in Rhode	Island		<del> </del>	
, RHODE ISLANI	מ	OWNERSHIP A	AND RENTAL OF RESID	DENTIAL REAL ESTATE				
5. Principal office ac	ddress	<del></del>		City	10			
123 H	Hamlet S	Street		, ·	State		Zφ	
6. MAILING AD	DRESS OF L	IMITED LIABILI	TY COMPANY AND N	Pawtucket TAME OR TITLE OF CONTACT F	RI		02861	
Comaci mine				Contact Title	ERSON:			
	t W. Al	lix						
Street Address				City	State		Zip	
123 Hamlet Street			Pawtucket	RI		02861		
7. NAME AND A	DDRESS OF	EACH MANAGE	R OF THE LIMITED I	LIABILITY COMPANY, IF APPLI	CARLE			
· <del>~-</del>		PILL IN SPAC	CES BEFORE USING A	TTACHMENTS ("X" BOX FOR S FILING OF AMENDMENT, R.I	ATTACHARA	7) [] (a) (2) / 7.	16.52	
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Street Address								
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Manager Name	•••••••••••••••••••••••••••••••••••••••	l		Manager Name		•••••••		
Street Address		· <del>-</del>						
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City		State (C)	<i>Zip</i>	City	State		Zip	
8. RESIDENT AG	ENT.IN.RH	TOF ISLAND D	O NOT LITTE OF					
Agent Name		WE ISHAID ED	O WOLVER - Chan	nges require filing of Form 64	2 R.I.G.L. 7-	6-11		
GEORGE PATRICI	K HOVARTH, E	ESQ.		11000				
Address				City		Ζφ	<del></del>	
75 PARK PLACE		<u> </u>		PAWTUCKET		02860		
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							SECRE 7 CORPOR	
						.1	6 8363 ·	

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

File Date 11/18/05	*108593 <u>*</u>
1 Check No 10 7/	•
Ву Р	, <u></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.

Signature of Authorized Person

Date

Albert W. Alix

Print or Type Name of Authorized Person



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

	mber 1 - November 1 ED OR PRINTED IN BLA		0.00		
D No. 18593	2. Exact name of the limit K B A INVESTMEN	ted liabilty company			<del></del>
tate of Formation			business which is actually conducted	in Rhode Island	
HODE ISLAND		AND RENTAL OF R	ESIDENTIAL REAL ESTATE		
5. Principal office address 123 HAMLET STREET			City PAWTUCKET	State RI	7 <i>ip</i> 02861
MAILING ADDE Intact Name LBERT W ALIX	RESS OF LIMITED I	JABILITY COMPA	NY AND NAME OR TITLE, Contact Title	OF CONTACT PE	RSON:
reet Address 23 HAMLET STR		<u> </u>	City	State	Zip
		NAGER OF THE I	. PAWTUCKET	RI PANY IF APPLIC	02861-
	FILL IN SP.	ACES BEFORE USING	ATTACHMENTS ("X" BOX F	OR ATTACHMENT) [	]
nager Name	ANT MODIFICATIONS	O MANAGERS REQUI	RES FILING OF AMENDMENT. F  • Manager Name	t.i.G.L 7-16-12 (a) (2)	/ 7-16-52
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Try .	State	Zip	*City	State	Zip
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reet Address	· · · · · · · · · · · · · · · · · · ·		Street Address	<del></del>	
ity	State	Zip	City	State	Zip
RESIDENT AGEN	I T IN RHODE ISLANT	-DO NOT ALTER- Ch	anges require filling of Fe	orm 642 - R.I.G.L. 7	-16-II
ens Name			Address		
SEORGE PATRIC	CK HOVARTH, ESQ		75 PARK PLACE		<del></del>
auress			City PAWTUCKET		<sup>2ip</sup> 02860
sis report must be	signed in ink by an	authorized person į	oursuant to 7-16-66.		
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108593 DLLC 1	#1 <b>54</b> 04 <b>#12</b> 15•52 AM	. Ю' МЯ 70 S	this report, including and that all statements		firm that I have examined schedules and statements, re true and correct.
File Date	DV 1.7 2004	_	LI ADN AUX	tille	11/16/04
Check No	DV 1 7 2004	AT: 0F STA E	Signature of Authorize	ed Person	Date
<u>By</u>	MED37	CEINED   _	ALBERT W		<del>-</del>
OR SECRETARY OF S	STATE USE ONLY	ام م	or Type Name U	,	



## 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

(FORM MUST BE TYPEI -1. ID No.						
108593		ame of the limited liability company  B A INVESTMENTS, LLC				
3. State of Formation		·	usiness which is actually conducted in Rhode I		<del></del>	
BUODE IC: AND	l			sana		
5. Principal office addre		P AND RENTAL OF RES	SIDENTIAL REAL ESTATE			
123 Ham	let Street		Pawtucket	State RI	7.lp 02861	
6. MAILING ADDRI	ESS OF LIMITED LIAI	BILITY COMPANY ANI	I O NAME OR TITLE OF CONTACT PI	 ERSON:	i	
Albert	W. Alix		Contact Title Member			
Street Address 23 Ha	amlet Street	•	<sup>City</sup> Pawtucket	State RI	<sup>г.ф</sup> 02861	
	FILL IN S	PACES BEFORE USING	D LIABILITY COMPANY, IF APPLIC G ATTACHMENTS ("X" BOX FOR	ATTACHMENTI [		
	IY MODIFICATIONS 1	TO MANAGERS REQUI	RES FILING OF AMENDMENT, R.1.6  Manager Name	G.L. 7-16-12 (a) (2)	7-16-52	
Manager Name	IY MODIFICATIONS 1	TO MANAGERS REQUI	RES FILING OF AMENDMENT, R.1.0	G.L. 7-16-12 (a) (2)	7-16-52	
Manager Name Street Address	State	TO MANAGERS REQUI	RES FILING OF AMENDMENT, R.1.6  Manager Name	G.L. 7-16-12 (a) (2) /	7-16-52 Zip	
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Manager Name  Street Address  City  Manager Name  Street Address  City  3. RESIDENT ÅGEN	State	Zφ	RES FILING OF AMENDMENT, R.1.6  Manager Name  Street Address  Annager Name  Street Address	State   State	Zip	
Manager Name  Street Address  City  Manager Name  Street Address	State  State  T IN RHODE ISLAND	Zφ	RES FILING OF AMENDMENT, R.1.6  Manager Name  Street Address  City  City  City  City  hanges require filing of Form 642	State   State	Zip	

NOV 14 2003

By CMC

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		<u> </u>
Check No.	<u></u>	··- <u></u> -
Ву:		

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

1 / 29/0

Albert W. Alix

Print or Type Name of Authorized Person



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) I ID No 2 Exact name of the limited liabilty company 108593 K B A INVESTMENTS, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP AND RENTAL OF RESIDENTIAL REAL ESTATE RHODE ISLAND 5. Principal office address 123 Hamlet Street Pawtucket RΙ 02861 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Albert W. Alix Member Street Address State 123 Hamlet Street Pawtucket RΙ 02861 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 7-18-12 (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 State gent Name Address GEORGE PATRICK HOVARTH, ESQ. 4ddress Zip **24 SPRING STREET PAWTUCKET** 02860

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



File Date	11-4.02	
Check No	3892	
В <u>у:</u>	De	
FOR SECRE	TARY 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

Albert W. Alix
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

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ID Numb	er <u>DLLC</u>	108593

Annual Report for the year 2001

		Annual Report for the year 2001
1.	The name of the limited liability compar	ny is:
	K B A INVESTMENTS, LLC	
2.	The address of the principal office of th	e limited liability company is:
	123 Hamlet Street! Pawt	ucket, RI 02861
3.	The state or other jurisdiction under the	e laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident a	agent is: GEORGE PATRICK HOVARTH, ESQ.
	24 SPRING STREET PAWTUCKET R	N 02860
5.		ted liability company and the name or title of a person to whom communications
	12	3 Hamlet Street, Pawtucket, RI 02861
<b>7</b> .	If the limited liability company has mana Name	agers, the name and address of each manager of the limited liability company  Address
ile l	FOR SECRETARY OF STATE USE ONLY Date: 10-3/-0/	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.  K B A INVESTMENTS, LLC  Exact Name of Limited Liability Company  Albert Alix  Member
	*k No.: 3/ ) /	Title Form No. 632
Зу:		Revised 01/99

DETACH BOTTOM BEFORE RETURNING

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

2220 10000	ID	Number	<b>DLLC 108593</b>	
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	<u> </u>	Annual Report for the year 2000
1.	The name of the limited liability compa	any is:
	K B A INVESTMENTS, LLC	
2,	The address of the principal office of the limited liability company is:	
	123 Hamlet Street, Pawtucket, RI 02861	
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: GEORGE PATRICK HOVARTH		
	24 SPRING STREET PAWTUCKET RI 02860	
5.		ited liability company and the name or title of a person to whom communications  t. Alix, 123 Hamlet Street, Pawtucket, RI 02861
		ntal of residential real estate.  Inagers, the name and address of each manager of the limited liability company Address
Date	ed 9/29/00 1 0 8 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.  KBA INVESTMENTS, L.I.C.  Exact Name of Limited Liability Company
File I	OR SECRETARY OF STATE USE ONLY Date: 10 10 7000	Albert Alix Member  Tite  Form No. 632