



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 108593		2. Exact name of the limited liability company K B A INVESTMENTS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP AND RENTAL OF RESIDENTIAL REAL ESTATE	
5. Principal office address 123 Hamlet Street		City Pawtucket	State RI
			Zip 02861
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Albert W. Alix			
Contact Title			
Street Address 123 Hamlet Street		City Pawtucket	State RI
			Zip 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) <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 GEORGE PATRICK HOVARTH, ESQ.		Address	
Address 75 PARK PLACE		City PAWTUCKET	Zip 02860

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

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
05 NOV - 2 AM 11:20



File Date 11/18/05	*108593*
Check No. 1071	
By: 	
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  
9/23/05  
Albert W. Alix  
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. 108593		2. Exact name of the limited liability company K B A INVESTMENTS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP AND RENTAL OF RESIDENTIAL REAL ESTATE	
5. Principal office address 123 HAMLET STREET		City PAWTUCKET	State RI
		Zip 02861	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ALBERT W ALIX		Contact Title	
Street Address 123 HAMLET STREET		City PAWTUCKET	State RI
		Zip 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) <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	State	State	State
Manager Name	Manager Name	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 GEORGE PATRICK HOVARTH, ESQ.		Address 75 PARK PLACE	
Address		City PAWTUCKET	Zip 02860

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



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.

Signature of Authorized Person  
Date 11/16/04  
ALBERT W. ALIX  
Print or Type Name of Authorized Person

\*108593 DLLC 11/17/04 10:52 AM\*  
**FILED**  
File Date  
NOV 17 2004  
Check No.  
By   
FOR SECRETARY OF STATE USE ONLY



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. 108593		2. Exact name of the limited liability company K B A INVESTMENTS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP AND RENTAL OF RESIDENTIAL REAL ESTATE	
5. Principal office address 123 Hamlet Street		City Pawtucket	State RI
		Zip 02861	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: Albert W. Alix Contact Title: Member			
Street Address 123 Hamlet Street		City Pawtucket	State RI
		Zip 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) <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 GEORGE PATRICK HOVARTH, ESQ.		Address	
Address 24 SPRING STREET		City PAWTUCKET	Zip 02860

FILED

NOV 14 2003

By KMC

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

CL183'



\* 1 0 8 5 9 3 \*

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

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.

Albert W. Alix

Signature of Authorized Person

Date

10/29/03

Albert W. Alix

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. 108593		2. Exact name of the limited liability company K B A INVESTMENTS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP AND RENTAL OF RESIDENTIAL REAL ESTATE	
5. Principal office address 123 Hamlet Street		City Pawtucket	State RI
		Zip 02861	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Albert W. Alix		Contact Title Member	
Street Address 123 Hamlet Street		City Pawtucket	State RI
		Zip 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. 7-16-12 (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 GEORGE PATRICK HOVARTH, ESQ.		Address	
Address 24 SPRING STREET		City PAWTUCKET	Zip 02860

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



\* 1 0 8 5 9 3 \*

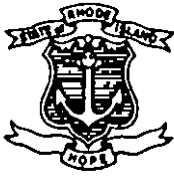
File Date	11-4-02
Check No.	3892
By:	<i>De</i>
FOR SECRETARY OF STATE USE ONLY	

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.

*Albert W. Alix* 10/21/02  
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**

ID Number DLLC 108593

Annual Report for the year 2001

1. The name of the limited liability company 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, ESQ.

24 SPRING STREET PAWTUCKET RI 02860

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: Albert Alix, Member

123 Hamlet Street, Pawtucket, RI 02861

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Ownership and rental of residential real estate,

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

Name

Address

Dated 9/20/01



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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

By

Albert Alix  
Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10-31-01

Check No.: 3181

By: [Signature]

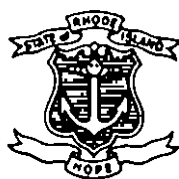
Form No. 632  
Revised 01/99

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 this 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 108593**

**Annual Report for the year 2000**

- 1. The name of the limited liability company 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. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Albert Alix, 123 Hamlet Street, Pawtucket, RI 02861

Albert Alix, 123 Hamlet Street, Pawtucket, RI 02861

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Ownership and rental of residential real estate.

Ownership and rental of residential real estate.

- [illegible]

**Name**

**Address**

Dated 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, LLC

**Exact Name of Limited Liability Company**

By

Albert Alix

Member

***Tide***

**FOR SECRETARY OF STATE USE ONLY**

File Date: 10/10/2000

Check No.: 2337

**By:**

Form No. 632  
Revised 01/99