

Matthew A. Brown, Secretary of State Corporations Division 148 W. River Street, Providence, RI 02904-2615 401.222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 I. ID No. 2. Exact name of the limited liabilty company 101298 WBR, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE AND INVESTMENTS RHODE ISLAND 5. Principal office address City TWO STAFFORD COURT CRANSTON RI 02920 6 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title DENNIS L DIPRETE Street Address City State Zip TWO STAFFORD COURT . CRANSTON RI 02920-7: 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 Zip •City State Zip Manager Name Manager Name Street Address ·Street Address City City 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL 7-16-11 Agent Name THOMAS H. DIPRETE, ESQ. TWO STAFFORD COURT Address City Zip CRANSTON 02920 This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying penedules and statements, *101298 DLLC 03/07/06 03:19:31 PM* and that all statements contained herein arctrue and correct. File Date Check No. Signature of Authorized Person Date Thomas H. DiPrete -Ad Print or Type Name of Authorized Person FOR SECRETARY OF STATE USE ONLY



101298 DLLC 09/09/04 02:11:33 PM

FOR SECRETARY OF STATE USE ONLY

File Date

Check No.

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) I. ID No. 2. Exact name of the limited liabilty company 101298 WBR, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE AND INVESTMENTS RHODE ISLAND 5. Principal office address Cin State Zip TWO STAFFORD COURT CRANSTON RI 02920 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title DENNIS L DIPRETE Street Address Cin State TWO STAFFORD COURT . CRANSTON RI 02920-7. 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 Zip City State Zip Manager Name Manager Name Street Address Street Address City State State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Agent Name Address THOMAS H. DIPRETE, ESQ. TWO STAFFORD COURT Address City 7.ip CRANSTON 02920 This report must be signed in ink by an authorized person pursuant to 7-16-66. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,

Form 632 Rev. 6/02

Date

and that all statements contained hareinlare true and correct.

Signature of Authorized Person

Thomas H. DiPrete Print or Type Name of Authorized Person



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

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Corporations Du isi 160 North Main Str Providence, RI 02903-13 (01-20)

Matthew A. Brown, Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______2

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5 Principal office ad			Guy	State	Zφ	
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o. MAILING ADI Sontact Name	DRESS OF LIMITED LIA	BILITY COMPANY AN	D NAME OR TITLE OF CONTAC	Γ PERSON:		
DENNIS L.	DIPRETE		Contact Title			
creet Address	<u> </u>		City	State	Zip	
TWO STAFF	ORD COURT		CRANSTON	RI	02920	
. NAME AND A	DDRESS OF EACH MAN	VAGER OF THE LIMIT	ED LIABILITY COMPANY, IF API	PLICABLE		
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

* 1 0 1 2 9	8 *
File Date 10/20/03	
Check No	
FOR SECRETARY OF CITATE LISE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this repor
including any accompanying schedules and statements, and that all statements
contained herein are true and correct.

Scientifice of Authorized Person Date

Print or Type Name of Authorized Person



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401 222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

I ID No	PED OR PRINTED IN 1 2. Exact name of the	BLACK) e limited liabilty company			
101298	WBR, LLC	, , ,			
3. State of Formation RHODE ISLANI	I DEAL PO	cription of the character of the TATE AND INVESTME	he business which is actually conducte NTS	ed in Rhode Island	
5. Principal office add TWO STAFFORD		·	City CRANSTON	State RI	Zip 02920
6 MAILING ADI Contact Name DENNIS L. DI		D LIABILITY COMP	ANY AND NAME OR TIFLE	QF CONTACT PE	RSON:
Sireet Address TWO STAFFORD	COURT		City CRANSTON	State R I	<i>Zip</i> 02920-
7. NAME AND AI	ELL'IN	lspaces before usin	LIMITED LIABILITY CON G ATTACHMENTS ("X", BOX UIRES FILING, OF AMENDMENTS	FOR ATTACHMENT)	
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Street Address			· Street Address		
Cuy	State	Zıp	City	State	Zip
Manager Name	• • • • • • • • • • • • • • • • • • • •		Manager Name		
Street Address			Street Address		
Сиу	State	Zip	City	State	Zip
	1		•		
B. RESIDENT AGE	NT IN RHODE ISLA	ND :DO NOT ALTER: CI	hanges require filing of F	orm 642 · R:I.GL. 7	-16-11
THOMAS H. DIP		ND DONOTALTER: C			-16-11
THOMAS H. DIP		ND DO NOT ALTER: C	Address	COURT	-16-11 Zip 02920
THOMAS H. DIP	PRETE, ESQ.	an authorized person	Address TWO STAFFORD C City CRANSTON	COURT	?ip
THOMAS H. DIP	PRETE, ESQ.	-	Address TWO STAFFORD C City CRANSTON pursuant to 7-16-66. Under penalty of pe	COURT	irm that I have examined
THOMAS H. DIP	PRETE, ESQ.	an authorized person	Address TWO STAFFORD CO City CRANSTON pursuant to 7-16-66. Under penalty of pothis report, including	erjury, I declare and affig any accompanying sints contained herein ar	irm that I have examined chedules and statements.

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

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LIMITED LIABILITY COMPANY

ID	Number DLLC 101298	Annual Report for the year 2001
1.	The name of the limited liability cor	npany is:
	WBR, LLC	
2.	The address of the principal office	of the limited liability company is:
	75 Sockanosset Crossroad (
3.	The state or other jurisdiction under	r the laws of which it is formed is RHODE ISLAND
4.	The name and address of its reside	entagentis: THOMAS H. DIPRETE DiPrete Law Office
	DIPRETE LAW OFFICES 75 SOCH	KANOSSET CROSSROAD CRANSTON RI 02920
5.		limited liability company and the name or title of a person to whom communications
	may be directed are: Thomas E	
6.	A brief statement of the character state: Real Estate and I	of the business in which the limited liability company is actually engaged in this
7.	If the limited liability company has m Name	nanagers, the name and address of each manager of the limited liability company Address
Date	ed1 0 1 2 9 8	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. Exact Name of Limited Liability Company
File I	OR SECRETARY OF STATE USE ONLY Date: /2-()/	By
Checl	k No.: 26501	My Rey Aut 21, Mtz. Zew
Ву:	à.	Form No. 632 Revised 01/99

DETACH BOTTOM BEFORE RETURNING

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 101298

Annual Report for the year 2000

	Annual Report for the year 2000	
The name of the limited liability compan	y is:	
WBR, LLC		+3 3/2 3/2 3/2 3/2 3/2 3/2 3/2 3/2 3/2 3/
The address of the principal office of the	limited liability company is:	***
75 SOCKANOSSET CROSSROAD, CI	RANSTON, RI 02920	
The state or other jurisdiction under the	laws of which it is formed is RHODE ISLAND	
	····	
75 SOCKANOSSET CROSSROADS C	RANSTON RI 02920	
		communication
state: REAL ESTATE AND INVESTM	MENTS	
PAID OR SECRETARY OF STATE USE ONLY OCT 0 4 2000	Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and st that all statements contained herein are true and correct. WBR, LLC Exact Name of Limited Liability Company	examined this
k No.: SEC'Y OF STATE	Keyentered Agest	
	The address of the principal office of the 75 SOCKANOSSET CROSSROAD, C. The state or other jurisdiction under the The name and address of its resident ag 75 SOCKANOSSET CROSSROADS C. The current mailing address of the limite may be directed are: THOMAS H. A brief statement of the character of the state: REAL ESTATE AND INVESTMENT If the limited liability company has manage Name PAID OR SECRETARY OF STATE USE ONLY OR SECRETARY O	The address of the principal office of the limited liability company is: 75 SOCKANOSSET CROSSROAD, CRANSTON, RI 02920 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: THOMAS H. DIPRETE, DIPRETE LAW OFFICE 75 SOCKANOSSET CROSSROADS CRANSTON RI 02920 The current mailing address of the limited liability company and the name or title of a person to whom a may be directed are: THOMAS H. DIPRETE A brief statement of the character of the business in which the limited liability company is actually state: REAL ESTATE AND INVESTMENTS If the limited liability company has managers, the name and address of each manager of the limited liability company in a company in a company in a character of the limited liability company has managers, the name and address of each manager of the limited liability company in a company in a company in a character of the limited liability company and the name of Limited Liability Company OR SECRETARY OF STATE USE ONLY AND THE LICE Exact Name of Limited Liability Company

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

IE	D Number LL 101298 Annual Report for the year 1999	
1.	. The name of the limited liability company is:	
	WBR, LLC	
2.	The address of the principal office of the limited liability company is: 75 Sockanosset Crossroad, Cranston, RI 02920	
3.		
4.		
	75 SOCKANOSSET CROSSROADS CRANSTON, RI 02920	
5.		•
	may be directed are: 75 Sockanosset Crossroad, Cranston, RI 02920 ATTN: Karen Kin	nications g
	A brief statement of the character of the business in which the limited liability company is actually engaged state: Investment If the limited liability company has managers, the name and address of each manager of the limited liability company has managers. Address	
file D Check	Title Under penalty of perjury, I declare and affirm that I have examing report, including any accompanying schedules and statement that all statements contained herein are true and correct. WBR, LLC Exact Name of Limited Liability Company By Record OF STATE USE ONLY Date: NOV 1 2 1999 Record OF STATE USE ONLY Date: NOV 1 2 1999 Record OF STATE USE ONLY Date: NOV 1 2 1999 Record OF STATE USE ONLY Date: NOV 1 2 1999 Record OF STATE USE ONLY Date: NOV 1 2 1999	s, and
y: ——	Form No. 63 Revised 01/9	

DETACH BOTTOM BEFORE RETURNING