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

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

1. 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
RHODE ISLAND	REAL ESTATE AND INVESTMENTS

5. Principal office address	City	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	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	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
THOMAS H. DIPRETE, ESQ.	TWO STAFFORD COURT	CRANSTON	02920

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] 101298

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*

[redacted] Thomas H. DiPrete Agent 3/7/06
Print or Type Name of Authorized Person

101298 DLLC 03/07/06 03:19:31 PM
File Date 3/23/06
Check No. 6854
By:
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 12/05

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 liability company
101298	WBR, 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 AND INVESTMENTS

5. Principal office address	City	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	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	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
THOMAS H. DIPRETE, ESQ.	TWO STAFFORD COURT	CRANSTON	02920

05 JUL -5 AM 8:56

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

[redacted] 101298 [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.

10/21/04
Signature of Authorized Person *Date*

Thomas H. DiPrete
Print or Type Name of Authorized Person

101298 DLLC 09/09/04 02:11:33 PM
File Date 7/5/05
Check No. 6471
By: DA
FOR SECRETARY OF STATE USE ONLY

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 Divisi
100 North Main Str
Providence, RI 02903 13
401 222 30

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. 101298	2. Exact name of the limited liability company: WBR, LLC
3. State of Formation: RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island: REAL ESTATE AND INVESTMENTS

5. Principal office address	City	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	**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	State	Zip	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	
THOMAS H. DIPRETE, ESQ.		
Address	**City**	**Zip**
TWO STAFFORD COURT	CRANSTON	02920

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.	1030
By	[signature]

FOR SECRETARY OF STATE USE ONLY

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

[signature] 9/12/03
Signature of Authorized Person *Date*

DENNIS L. DIPRETE
Print or Type Name of Authorized Person

Form 632 Rev. 7/03

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 liability company
101298	WBR, 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 AND INVESTMENTS

5. Principal office address	City	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	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) / 7-16-5Z

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
THOMAS H. DIPRETE, ESQ.	TWO STAFFORD COURT	CRANSTON	02920

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

[redacted] *101298*

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.

[redacted]

Signature of Authorized Person 9/12/02 *Date*

Dennis L. DiPrete
Print or Type Name of Authorized Person

101298 DLLC9/12/0211:01:10 AM
File Date 9-18-02
Check No. 1013
By:
FOR SECRETARY OF STATE USE ONLY

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
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 101298

Annual Report for the year 2001

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. 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: THOMAS H. DIPRETE DiPrete Law Office

   DIPRETE LAW OFFICES 75 SOCKANOSSET CROSSROAD CRANSTON RI 02920

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: Thomas H. DiPrete, Esquire

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

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

Name	*Address*

Dated ______________________

101298

FOR SECRETARY OF STATE USE ONLY	
File Date:	12-6-01
Check No.:	26564
By:	[illegible]

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.

WBR LLC
Exact Name of Limited Liability Company

By [signature]

Mg / Reg. Agt Poly Authorized
Title

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 obtained by contacting this office at 401-222-3040, or from our web site at www.state.ri.us

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

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. 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: THOMAS H. DIPRETE, DIPRETE LAW OFFICE

   75 SOCKANOSSET CROSSROADS CRANSTON RI 02920

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: THOMAS H. DIPRETE

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: REAL ESTATE AND INVESTMENTS

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

Name	*Address*

Dated _____

1 0 1 2 9 8

PAID

FOR SECRETARY OF STATE USE ONLY
File Date: OCT 04 2000
Check No.: SEC'Y OF STATE
By:

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.

WBR, LLC
Exact Name of Limited Liability Company

By _____
Registered Agent
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 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. 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: THOMAS H. DIPRETE

   75 SOCKANOSSET CROSSROADS CRANSTON, RI 02920

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: 75 Sockanosset Crossroad, Cranston, RI 02920 ATTN: Karen King

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

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

Name	*Address*

Dated _____

* 1 0 1 2 9 8 *

PAID

FOR SECRETARY OF STATE USE ONLY
File Date: NOV 12 1999
Check No.: 10128
SEC'Y OF STATE
By:

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.

WBR, LLC
Exact Name of Limited Liability Company

By _____
Registered Agent
Title

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING