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. 140 5916	2. Exact name of the limited liability company: University Rentals, LLC
3. State of Formation: Rhode Island	4. Brief description of the character of the business which is actually conducted in Rhode Island: own and manage real estate

5. Principal office address	City	State	Zip
222 River Ave.	Providence	RI	02908

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Court Purington	Member

Street Address	City	State	Zip
[redacted] P.O. Box 83	Wayland	MA	01778

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
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
Steve Corti, esq.	1562 Smith St. [redacted]	No. Providence, RI	02911

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

FILED

FEB 13 2006

By KMC

C89690

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.

Court Purington 2/11/06

Signature of Authorized Person *Date*

Court Purington

Print or Type Name of Authorized Person

Form 632 Rev. 12/05