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.	2. Exact name of the limited liability company
115999	WMR GROUP, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	OWNERSHIP, OPERATION AND MANAGEMENT OF THE PROPERTY KNOWN AS OFFICEMAX-MIDDLETOWN

5. Principal office address	City	State	Zip
272 VALLEY STREET	MIDDLETOWN	RI.	02840-

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

Contact Name	Contact Title
JOHN J EGAN	

Street Address	City	State	Zip
P.O. BOX 678	NEWPORT	RI	02840-

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
John J. Egan	P.O. Box 678	Newport	RI	02840

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
DAVID P. MARTLAND, ESQ.	1100 AQUIDNECK AVENUE	MIDDLETOWN	02842-
Address	SILVA LAW GROUP, LTD.		

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

[redacted] 115999 [redacted]

115999 DLLC 10/27/05 01:33:28 PM
File Date 12/9/05
Check No. 155
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* 12/5/05

[redacted] David P. Martland
Print or Type Name of Authorized Person

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 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 liabilty company
115999	WMR GROUP, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	OWNERSHIP, OPERATION AND MANAGEMENT OF THE PROPERTY KNOWN AS OFFICEMAX-MIDDLETOWN

5. Principal office address	City	State	Zip
[redacted] (272 VALLEY RD.)	MIDDLETOWN	RI	02840-

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

Contact Name	Contact Title
JOHN J EGAN	

Street Address	City	State	Zip
P.O. BOX 678 [redacted]	NEWPORT	RI	02840-

7. NAME AND ADDRESS OF 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
John J. Egan Jr.	272 Valley Rd.	Middletown	RI	02842
[redacted]				

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
PATRICK O'N. HAYES, JR.	31 AMERICA'S CUP AVENUE	NEWPORT	02840-
CORCORAN PECKHAM & HAYES, PC			

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
04 OCT 1 PM 1:15

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

[redacted] 115999

115999 DLLC 09/29/04 10:17:24 AM
File Date 11/4/04
Check No. 130
By: VD
FOR SECRETARY OF STATE USE ONLY

[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.

Signature of Authorized Person — *Date* 9/17/04

John J. Egan
Print or Type Name of Authorized Person

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 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.	2. Exact name of the limited liabilty company
115999	WMR GROUP, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	OWNERSHIP, OPERATION AND MANAGEMENT OF THE PROPERTY KNOWN AS OFFICEMAX-MIDDLETOWN

5. Principal office address	City	State	Zip
P.O. BOX 678 (272 VALLEY RD.)	MIDDLETOWN	RI	02840-

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

Contact Name	Contact Title
JOHN J EGAN	

Street Address	City	State	Zip
P.O. BOX 678 (272 VALLEY RD. MIDDLETOWN)	NEWPORT	RI	02840-

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
PATRICK O'N. HAYES, JR.	31 AMERICA'S CUP AVENUE

Address	City	Zip
CORCORAN PECKHAM & HAYES, PC	NEWPORT	02840-

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

[redacted] 115999 [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.

Signature of Authorized Person *Date* 10/23/03

JOHN J. EGAN, JR. Member
Print or Type Name of Authorized Person

115999 DLLC 09/10/03 10:13:40 AM
File Date 10/27/03
Check No. 117
By
FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 632 Rev. 6 02

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
"115999"	WMR GROUP, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	OWNERSHIP, OPERATION AND MANAGEMENT OF THE PROPERTY KNOWN AS OPPICEMAX-MIDDLETOWN

5. Principal office address	City	State	Zip
P.O. BOX 678 (272 Valley Road, Middletown)	NEWPORT	RI	02840-

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

Contact Name	Contact Title
John J. Egan, Jr.	

Street Address	City	State	Zip
P. O. Box 678 (272 Valley Road, Middletown)	Newport	RI	02840

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
PATRICK O'N. HAYES, JR.	31 AMERICA'S CUP AVENUE		
Address		City	Zip
CORCORAN PECKHAM & HAYES, PC		NEWPORT	02840-

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

[redacted] *115999*

[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.

Signature of Authorized Person — *Date* 10/8/02

John J. Egan, Jr. Member

Print or Type Name of Authorized Person

[redacted]

"115999" 10/3/025:05:11 PM"

File Date 10-25-02

Check No. 109

By: De

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02