

WMR GROUP, LLC

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.

115999

3. State of Formation

RHODE ISLAND

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

4. Brief description of the character of the business which is actually conducted in Rhode Island

OWNERSHIP, OPERATION AND MANAGEMENT OF THE PROPERTY KNOWN AS OFFICEMAX-MIDDLETOWN

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

2. Exact name of the limited liabilty company

272 VALLEY ST	REET		City MIDDLETOWN	RI.	(<i>Zip</i> 02840-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPAN			. .	1	l .	
Contact Name			Contact Title	o. comment		
JOHN J EGAN			•		<u> </u>	
Street Address P.O. BOX 678			City	State	Zip	
-			. NEWPORT	RI	02840-	
'. NAME AND ADI	FILL IN S	PACES BEFORE USING A		OR ATTACHMENT)		
	ANY MODIFICATIONS	TO MANAGERS REQUIR	ES FILING OF AMENDMENT. R	R.I.G.L 7-16-12 (a) (i	2) / 7-16-52	
fanager Name			· Manager Name ·			
John J. Egan Street Address	· · · · ·		Street Address			
P.O. Box 678			* Suver naaress			
City	State	Zip	•City	State	Zip	
Newport	RI	02840	•		,	
Manager Name			Manager Name			
Sirret Address			· Street Address			
City	State	Zip	City	State	Zip	
r w		1.11/	•	Maie	, · · · ·	
DAVID P. MARTI						
ddress	- -		1100 AQUIDNECK City MIDDLETOWN	AVENUE	Zip 02842-	
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Address	- -		City	AVENGE	1	
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Iddress SILVA LAW GRO	UP, LTD.	n authorized person pu	City MIDDLETOWN Irsuant to 7-16-66.		02842-	
Address SILVA LAW GRO	UP, LTD.	n outhorized person pu	City MIDDLETOWN ursuant to 7-16-66. Under penalty of per	rjury, I declare and	02842 -	
SILVA LAW GRO	up, LTD.		City MIDDLETOWN ursuant to 7-16-66. Under penalty of per	rjury, I declare and g any accompanyin	02842 -	
*115999 DLLC 10	UP, LTD.		Under penalty of penalty of penalty including	rjury, I declare and g any accompanyin	02842 -	
SILVA LAW GRO	up, LTD.		Under penalty of penalty of penalty including	rjury, I declare and g any accompanyin	02842 -	
*115999 DLLC 10	up, LTD.		Under penalty of penalty of penalty including	rjury, I declare and g any accompanying the contained therein the contained the contai	02842 -	
*115999 DLLC 10	up, LTD.		Under penalty of perthis report, including and that all statements. Signature of Authorize	rjury, I declare and g any accompanying hts contained herein	affirm that I have examined a schedules and statements, are true and correct.	
*115999 DLLC 10 File Date A.	up, LTD.		Under penalty of perthis report, including and that all statemer Signature of Authorize David P. Ma	rjury, I declare and g any accompanying this contained therein and Person artland	affirm that I have examined a schedules and statements, are true and correct.	
*115999 DLLC 10	UP, LTD. Signed in ink by a 1 5 9 9 9 0/27/05 01:33:28 Pi		Under penalty of perthis report, including and that all statements. Signature of Authorize	rjury, I declare and g any accompanying this contained therein and Person artland	affirm that I have examined a schedules and statements, are true and correct.	



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
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(<u>FORM MUST BE T</u> Y	ntember 1 - November 1 PED OR PRINTED IN BLACK	- ruing ree: 350.0	00 REPORT FO	OK THE Y	EAR 2004
1. ID No. 115999	2. Exact name of the limite WMR GROUP, LLC	d liabilty company			
3. State of Formation	4. Brief description	of the character of the bi	criness which is actually conducted	in Rhode Island	
RHODE ISLAN	OWNERSHIP,	OPERATION AND MA	MAGEMENT OF THE PROPI	ERTY KNOWN AS	OPFICEMAX-NIDDLETOWN
l	(272 VALLEY RD.)		City MIDDLETOWN	State RI	Zip 028420 –
6. MAILING ADI Contact Name JOHN J EGAN	DRESS OF LIMITED LI	ABILITY COMPAN	YAND NAME OR TITLE Contact Title	OF CONTACT P	ERSON:
Street Address P.O. BOX 678	P.O. BOX 678 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			State RI	<i>Zip</i> 02840-
Manager Name			MAREO LIABILE AY GOM TTACHMENTS ("X" BOX F S FILING OF AMENDMENT. R		CABLE
John J	. Egan Jr.		·Manager Name	· 	
Street Address	lley Rd.	• .	· Street Address		
City Middlet Manager Name	town RI	^{Zip} 02842	City	State	Zip
	XXEGHRXXXX		Manager Name		• • • • • • • • • • • • • • • • • • • •
			·Street Address		
City	State	2φ	City	State	Zip
8. RESIDENT AGE!	NT IN RHODE ISLAND .	O NOT ALTER- Chan	ges require filing of Fo	rm 642 R.I.GT	Alfalland
PATRICK O'N. H			Address		
ddress			31 AMERICA'S CU	P AVENUE	
ORCORAN PECK	HAM & HAYES, PC		City		Zip
	inizi, FC		NEWPORT		02840- 🖺 - 음년
us report must be	signed in ink by an auti	horized person purs	uant to 7-16-66.		RECEIVED DETARY OF STATE THOMATICATS DIV. 27 1 16 PH 104
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115999 DLLC 09/	/29/04 10:17:24 AM*]	Under penalty of perju this report, including a and that all statements	ny accompanying so	rm that I have examined shedules and statements, a true and correct.
heck No. 130			Signature of Authorized I	Es S.	9/17/04 Date/
OR SECRETARY OF S	TATE USE ONLY		John J. Egan	Uhorized Person	··-···, ,
		_		Erson	Form 632 Rev. 6/02



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) 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 OWNERSHIP, OPERATION AND MANAGEMENT OF THE PROPERTY KNOWN AS OFFICEMAX-MIDDLETOWN RHODE ISLAND 5. Principal office address State City 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 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 $\frac{1}{12}$ ("X" BOX FOR ATTACHMENT) \Box ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.LG.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Street Address Street Address City State Zıp City State Zιp Manager Name Manager Name Street Address ·Street Address

City

NEWPORT

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



State

8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes

115999 DLL	C 09/10	0/03 10:13:40 AM	
File Date	رحا	(0)	
Check No	\[\alpha\]		
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FOR SECRETARY	OF STA	ATE USE ONLY	

Cirv

Address

PATRICK O'N. HAYES, JR.

CORCORAN PECKHAM & HAYES, PC

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.

State

Zip

02840-

require filing of Form 642 - RIGL 7-16-11

31 AMERICA'S CUP AVENUE

Signature of Authorized Person Date

JOHN J. EGAN, JR.

Member

Print or Type Name of Authorized Person



(FORM MUST BE TYPED OR PRINTED IN BLACK)

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

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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5. Principal office address			City	State	Zip	
P.O. BOX 678 (2	P.O. BOX 678 (272 Valley Road, Middletown)			RI	02840-	
6. MAILING ADDRES Contact Name John J. Egan,		LIABILITY COMPANY	AND NAME OR TITI	E OF CONTACT P	ERSON:	
Street Address					·	
P. O. Box 678 (272 Valley Road, Middletown)			City Newport	State RI	Zip 02840	
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Manager Name		The state of the s	• Manager Name	1. K.I.G.L 7-16-12 (a) (2)	17-16-52	
			•			
Street Address			• Street Address			
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Manager Name	• • • • • • • • •		Manager Name			
Strees Address						
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City	State	Zip	City	State	Zīp	
e prosperim design			·			
6. RESIDENT AGENT II	N RHODE ISLANI	D-DO NOT ALTER- Chang	es require filing of	Form 642 - R.I.GL.	7-16-11	
PATRICK O'N. HAYE	SUR		Address			
Address			31 AMERICA'S			
CORCORAN PECKHAM	& HAYES. PC				Zip	
			NEWPORT		02840-	
his report must be sign	ned in ink by an	authorized person pursu	uant to 7-16-66.			
* 1 **115999* 10/3/025:0	1 5 9 9 9 	-	this report, includ	perjury, I declare and affing any accompanying sometic contained herein as	firm that I have examined schedules and statements, re true and correct.	
	25-02	²		0	, ,	
Check No	9	_	Signature of Author	ized Person	10/8/02	
9v. 2	e	_	John J. Eg	an, Jr. M	lember	
FOR SECRETARY OF STATE	E USE ONLY	_		of Authorized Person		
					Form 632 Rev. 6/02	