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
112213	KELLY INVESTORS LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	OWNERSHIP, MANAGEMENT AND REAL ESTATE

5. Principal office address	City	State	Zip
24 Sandy Way	Cumberland	RI	02864

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

Contact Name	Contact Title
Kelly Vasey	Operating Manager

Street Address	City	State	Zip
24 Sandy Way	Cumberland	RI	02864

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
Joseph Raheb, Esq.	

Address	City	Zip
650 Washington Hwy.	Lincoln	02865

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

[redacted] 1 1 2 2 1 3 [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.

x Kelly B Vasey 11/1/05
Signature of Authorized Person *Date*

Kelly Vasey
Print or Type Name of Authorized Person

[redacted]

File Date	12/5/05
Check No.	1274
By:	KML

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 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
112213	KELLY INVESTORS LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	OWNERSHIP, MANAGEMENT AND REAL ESTATE

5. Principal office address	City	State	Zip
24 Sandy Way	Cumberland	RI	02864

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

Contact Name	Contact Title
Kelly Vasey	Operating Manager

Street Address	City	State	Zip
24 Sandy Way	Cumberland	RI	02864

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
Joseph Raheb, Esq.	650 Washington Hwy.	Lincoln	02865

FILED

OCT 22 2004

By M48438

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

1 1 2 2 1 3

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.

X Kelly B. Vasey 10.7.04
Signature of Authorized Person *Date*

Kelly B. Vasey
Print or Type Name of Authorized Person

*File Date*_____

*Check No.*_____

*By:*_____

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 Divi
100 North Main St
Providence, RI 02903-1
401.222.3

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 liability company*
112213	KELLY INVESTORS LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
RHODE ISLAND	OWNERSHIP, MANAGEMENT AND REAL ESTATE

5. Principal office address	*City*	*State*	*Zip*
24 Sandy Way	Cumberland	RI	02864

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

Contact Name	*Contact Title*
Kelly Vasey	Operating Manager

Street Address	*City*	*State*	*Zip*
24 Sandy Way	Cumberland	RI	02864

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*

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*		
JOSEPH RAHEB, ESQ.			
Address	*City*	*Zip*	
650 WASHINGTON HIGHWAY	LINCOLN	02865-	

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

[redacted] * 1 1 2 2 1 3 * [redacted]

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

X Kelly B Vasey 10/27/0
Signature of Authorized Person *Date*

Kelly Vasey
Print or Type Name of Authorized Person

File Date 11/19/03
Check No 10712
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 632 Rev. 7/03

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

Edward S. Inman, III, Secretary of Sta
Corporations Divisio
100 North Main Street, Providence, RI 02903-133
401.222.304

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
112213	KELLY INVESTORS LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	OWNERSHIP, MANAGEMENT AND REAL ESTATE

5. Principal office address	City	State	Zip
24 Sandy Way	Cumberland	RI	02864

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

Contact Name	Contact Title
Kelly Vasey	Operating Manager

Street Address	City	State	Zip
24 Sandy Way	Cumberland	RI	02864

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
JOSEPH RAHEB, ESQ.			
Address		City	Zip
650 WASHINGTON HIGHWAY		LINCOLN	02865-

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

[redacted]

* 1 1 2 2 1 3 *

[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.

X Kelly B Vasey 12-15-0
Signature of Authorized Person *Date*

Kelly B. Vasey
Print or Type Name of Authorized Person

File Date	FILED
Check No.	JAN 2 1 2003
By:	By [illegible]

FOR SECRETARY OF STATE USE ONLY

effective 12/31/02

[redacted]

Form 632 Rev. 6/

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 112213 **Annual Report for the year** 2001

1. The name of the limited liability company is:

   KELLY INVESTORS LLC

2. The address of the principal office of the limited liability company is:

   24 Sandy Way, Cumberland, RI 02864

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: JOSEPH RAHEB, ESQ.

   650 WASHINGTON HIGHWAY LINCOLN RI 02865-

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: Attn: Kelly Vasey

   24 Sandy Way, Cumberland, RI 02864

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: ownership, management and rental of real estate

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

Name	*Address*
Kelly Vasey	24 Sandy Way, Cumberland, RI 02864

Dated September 11, 2001

1 1 2 2 1 3

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.

KELLY INVESTORS LLC
Exact Name of Limited Liability Company

By X Kelly Vasey

Kelly Vasey, Operating Manager
Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY
File Date: 11-27-01
Check No.: 9330
By: AMF

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