

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 2006 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

116282		ct name of the lamied habilit company page finns of New England, L.L.C.						
RHODE ISLAND  4 Brief description of the character of the PURCHASE AND SALE OF REAL				in Rhode Island				
5 Penicipal office address 151 WINTEROP STREET, FIRST FLOOR REAR				City FALL RIVER	1 1 1			
6. MAILING AS Contact Name MARY LILANO		OF LIMITEI	LIABILITY COMP.	ANY AND NAME OR TITLE Contact Title	OF CONTACT PER	RSON:		
Street Address				City	State	Zip		
151 WINTERO	P STREET	, FIRST	FLOOR REAR	.FALL RIVER	AM	02721-		
Manager Name		FILL IN S	PACES BEFORE USIN	LIMITED LIABILITY COME GATTACHMENTS (AY BOX F URES FILING OF AMENDMENT: F Manager Name	OR ATTACHMENT) 🛚			
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City	· ,	State	Zip	*Cav	State	Zip		
Manager Name				Manage: Name				
Street Address				• Street Address				
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8. RESIDENT AC	GENT IN RE	I IODE ISLAN	ID -DO NOT ALTER- C	hanges require filling of Fo	orm 642 - R.I.GL, 7-	16-11		
STEVEN M. MCINNIS, ESQ.			38 BELLEVUE AVENUE					
Address			(,ny	μ				
			NEWPORT	2840-				

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

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FOR S	CCRETARY 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.

MARY LLANO

Print or Type Name of Archorized Person



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 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) I. ID No. 2. Exact name of the limited liabilty company 116282 Cabbage Inns of New England, L.L.C. 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation PURCHASE AND SALE OF REAL ESTATE RHODE ISLAND 5. Principal office address City State Zip MA 151 WINTHROP STREET, FIRST FLOOR REAR FALL RIVER 02721-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title MARY LLANO . MEMBER Street Address City State Zip 151 WINTHROP STREET, FIRST FLOOR REAR .FALL RIVER MA 02721 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. RJ.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Street Address · Street Address City State State City Zip Manager Name Manager Name Street Address Sireet Address City State .Citv State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.Gl. 7-16-11 STEVEN M. MCINNIS, ESQ. 38 BELLEVUE AVENUE Address Zip NEWPORT 02840-

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



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FOR SECRETAR	Y OF STATE USE ONLY

Under penalty of perjury, I declare and affi						
this report, including any accompanying schedules and statements,						
and that stil statements contained herein are	e true and correct.					
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+ ASOLI COW	9/23/05					
Signature of Authorized Person	Date					
MADVILANO						

MARY LLANO

Print or Type Name of Authorized Person



## 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

2004

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_

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116282	Cabbage Inns of Ne		- 44-4 /H 4 - 4 - B					
3. State of Formation			s which is actually conducted in Ri	bode Island				
RHODE ISLAND	<u> </u>	AND SALE OF REAL ESTA	ATE	_				
5. Principal office address	20 GREENO	Ugh PIACE	City	State	Ζφ			
	UNIT	-3A	Newport	RI	02840			
6. MAILING ADDRES	S OF LIMITED LIAB	ILITY COMPANY AND NA	ME OR TITLE OF CONTAC	CT PERSON:	•			
Contact Name			Contact Title					
Mary Llano			Member					
Street Address	20 GREE	ENOUGH PLACE	Cin	State	Zip			
	UNI	T 3A	Newport	RI	02840			
7. NAME AND ADDRI	ESS OF EACH MANA	GER OF THE LIMITED 11	ABILITY COMPANY, IF AF	PELICARI E	•			
			TACHMENTS ("X" BOX	_				
ANY	MODIFICATIONS TO	O MANAGERS REQUIRES	FILING OF AMENDMENT,	R.J.G.L. 7-16-12 (a) (2	) / 7-16-52			
Manager Name			Manager Name					
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Street Address			Street Address		<del></del>			
Jirte marta	•		SIFEET MILLATON					
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City	State	Ζψ.	Cuy.	State	Zip .			
Manager Name			Manager Name					
Street Address			Court 4.44					
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City State Zip			City.	State	Zip			
8 RESIDENT AGENT	IN RHODE ISLAND	  - DO NOT ALTER   Chanc	; nes seguise filing of Form	'   • 642   P.I.C.   7.16.11	I			
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name			Address					
			7.44.1					
STEVEN M. MCINNIS, E	SQ.				<u> </u>			
Address			City	City Zip				
38 BELLEVUE AVENUE			NEWPORT	NEWPORT 02840-				
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

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FO	R SECRETARY OF STATE USE ONLY	

Inder penalty of perjury, I declare and affirm that I have ex	amined this report,
ncluding any accompanying schedules and statements, and	that all statements.
contained herein are true and correct.	

Signature of Authorized Person

MARY LLANO

Print or Type Name of Authorized Person

Form 632 Rev. 7/03



(FORM MUST BE TYPED OR PRINTED IN BLACK)

\*116282\*

Contact Name

MARY LLANO

3. State of Formation RHODE ISLAND

5. Principal office address

11 MEMORIAL BLVD.

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

2. Exact name of the limited liabilty company

Cabbage Inns of New England, L.L.C.

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

02840-

State

RI

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE AND SALE OF REAL ESTATE

City NEWPORT

Contact Title

Street Address	BLVD		City NEWPORT	State RI	Zip 02840-				
11 MEMORIAL BLVD. 7. NAME AND ADDRESS OF EACH MANAGER OF THE LI									
  -	FILL IN SPAC	es before usi	NG ATTACHMENTS ("X" BO	X FOR ATTACHMENT	7 <b>a</b>				
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Manager Name			•Manager Name •						
Street Address	-		* Street Address						
0,700,700,00			•						
City	State	Zip	*City	State	Zip				
Manager Name		!	Manager Name						
Street Address	· · · · · · · · · · · · · · · · · · ·		• Street Address	<u> </u>	<u> </u>				
City	State	Zip	City	State	Zip				
	GENT IN RHODE ISLAND -	I OO NOT ALTER- (	Changes require filing of	l Form 642 - R.J.G.I	اد 7-16-11 المادة ا				
Agent Name			Address		OSE P				
JOHN ELLIS	<u> </u>		1	315 BROADWAY					
Address			City	Zip E					
			NEWPORT	NEWPORT 02840					
This report must	be signed in ink by an a	uthorized perso	n pursuant to 7-16-66.		E H B				
File Date.  Check No.  By:	7/31/034:30:20 PM* FILED NOV 04 2003	. ⊕₽₽	this report, included and that all states and that all states are stated as a state of Authorn Mary Llan	ding any accompanying ments contained herein white distribution of the contained herein white distribution is a second contained by the contained herein white distribution is a second contained by the contained herein with the contained herein white distribution is a second contained by the contained herein white distribution is a second contained by the contained herein white distribution is a second contained by the contained herein white distribution is a second contained by the contained herein white distribution is a second contained by the contained herein white distribution is a second contained by the contained herein white distribution is a second contained by the contained herein white distribution is a second contained by the contained herein white distribution is a second contained by the contained herein white distribution is a second contained by the contained herein white distribution is a second contained by the contained herein white distribution is a second contained by the contained herein white distribution is a second contained by the contained herein white distribution is a second contained by the contained herein white distribution is a second contained by the contained herein white distribution is a second contained by the contained herein white distribution is a second contained by the contained herein white distribution is a second contained by the contained herein white distribution is a second contained by the contained herein white distribution is a second contained by the contained herein white distribution is a second contained by the contained herein white	affirm that I have examined g schedules and statements, a are true and correct.  Date				
FOR SECRETARY	OF STATE USE ONLY				Form 632 Rev. 6/02				

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401.222.3040

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

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) 2. Exact name of the limited liabilty company 1. ID No. \*116282\* Cabbage Inns of New England, L.L.C. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island Purchase and sale of real estate. RHODE ISLAND 5. Principal office address State City Zip NEWPORT 11 Memorial Boulevard RΙ 02840-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSONS Contact Title Consact Name Mary Llano .Member City Street Address State Zip RΙ ll Memorial Boulevard . Newport 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 None Street Address · Street Address State Cin Sate Zip City Zip Manager Name \*Manager Name Street Address ·Street Address State City Zip City State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Agent Name Address JOHN ELLIS 315 BROADWAY Address City Zip NEWPORT 02840-

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

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Under penalty of perjury, I declare an	nd affirm that I have examined
this report, including any accompany	ring schedules and statements,
and that all statements contained here	
	_ 0/20/00
A OCH JOHN	- 1/20/02
Signature of Authorized Person	Date
Mary Llano /	
Print or Type Name of Authorized Person	<u> </u>
	Form 632 Rcv. 6/02