



**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. 121307		2. Exact name of the limited liability company HINES ROAD, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 26 Jason's Grant Drive		City Cumberland	State RI
			Zip 02864
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROBERT B. GEDDES		Contact Title MANAGER	
Street Address 26 Jason's Grant Drive		City Cumberland	State RI
			Zip 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) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name ROBERT B. GEDDES		Manager Name JANICE GEDDES	
Street Address 26 Jason's Grant Drive		Street Address 26 Jason's Grant Drive	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name MARK S. KRIEGER, ESQ.		Address	
Address 132 OLD RIVER ROAD, SUITE 205		City LINCOLN	Zip 02865-

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



File Date	10/17/05	*121307*
Check No.	1530	
By:	CXC	
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

10-14-05  
Date

**ROBERT B. GEDDES, MANAGER**  
Print or Type Name of Authorized Person



**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. 121307		2. Exact name of the limited liability company HINES ROAD, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 26 Jason's Grant Drive		City Cumberland	State RI
		Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROBERT B. GEDES		Contact Title MANAGER	
Street Address 26 JASON'S GRANT DRIVE		City CUMBERLAND	State RI
		Zip 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) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name ROBERT B. GEDES		Manager Name JANICE GEDES	
Street Address 26 JASON'S GRANT DRIVE		Street Address 26 JASON'S GRANT DRIVE	
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND
			State RI
			Zip 02864
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 MARK S. KRIEGER, ESQ.		Address	
Address 132 OLD RIVER ROAD, SUITE 205		City LINCOLN	Zip 02865-

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



\* 1 2 1 3 0 7 \*

File Date 9/27/04  
Check No. 1172  
By: DA  
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 9-24-04  
ROBERT B. GEDES, MANAGER.  
Print or Type Name of Authorized Person



**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. <b>121307</b>		2. Exact name of the limited liability company <b>HINES ROAD, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE</b>			
5. Principal office address <b>26 Jason's Grant Drive</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Robert B. Geddes</b>			Contact Title <b>Manager</b>		
Street Address <b>26 Jason's Grant Drive</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name <b>Robert B. Geddes</b>			Manager Name		
Street Address <b>26 Jason's Grant Drive</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	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 <b>MARK S. KRIEGER, ESQ.</b>			Address		
Address <b>132 OLD RIVER ROAD, SUITE 205</b>			City <b>LINCOLN</b>	Zip <b>02865-</b>	

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



File Date 11/24/03  
Check No. 1029  
By: [Signature]  
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] 11-4-03  
Signature of Authorized Person Date  
**ROBERT B. GEDDES, MANAGER**  
Print or Type Name of Authorized Person



**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. 121307		2. Exact name of the limited liability company HINES ROAD, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 26 Jason's Grant		City Cumberland	State RI	Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Robert B. Geddes		Contact Title Manager			
Street Address 26 Jason's Grant		City Cumberland	State RI	Zip 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) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Robert B. Geddes		*Manager Name Janice Geddes			
Street Address 26 Jason's Grant		*Street Address 26 Jason's Grant			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
*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 MARK S. KRIEGER, ESQ.		Address			
Address 132 OLD RIVER ROAD, SUITE 205		City LINCOLN	Zip 02865-		

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



\* 1 2 1 3 0 7 \*

File Date	9/6/02
Check No.	1011
By:	GAN
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

ROBERT B. GEDES, MANAGER

Print or type Name of Authorized Person