

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: Septen		November 1 •	Filing Fee: \$50.00	L KEPUKI FUR TI	HE YEAR	۲ <u>ـ</u>	2000
(FORM MUST BE TYPED			g 1 cc. 0 0.00				•
1. ID No.	2. Exact i	t name of the limited liability company					
121307	HINES	NES ROAD, LLC					
3. State of Formation		4. Brief description of t	the character of the business	which is actually conducted in Rhode i	sland		
RHODE ISLAND		REAL ESTATE		•			
5. Principal office address				City	State		7/5
26 Jason's Gr				Cumberland	5	I	Zip
6. MAILING ADDRES	S OF LI	MITED LIABILITY	COMPANY AND NAM	IE OR TITLE OF CONTACT P	J N	±	02864
Contain Name				: Contact Title	ckson:		
ROBERT B. GED	DES			MANAGER			
Street Address				City	State	 -	Zip
26 Jason's Gr	ant D	rive		Cumberland	R	т	1
7. NAME AND ADDR	ESS OF	EACH MANAGER	OF THE LIMITED LIA	BILITY COMPANY, IF APPLIC	ADTE		02864
		FILL IN SPACES	S BEFORE USING ATT.	ACHMENTS /"Y" DOY 500	ATTACHAREN	71 [T	
ANY	MODIF	ICATIONS TO MA	NAGERS REQUIRES F	ILING OF AMENDMENT, R.I.	G.L. 7-16-12 (" □ a) (2) / 7-1	6-52
Manager Name				Manager Name			
ROBERT B. GED	DES			JANICE GEDDES			
Street Address	_			Street Address		<u> </u>	
26 Jason's Gra	· · ·			26 Jason's Gran	nt Drive		
Cumberland		RI	02864	City Cumberland	State RI		Zip 02964
Manager Name RI 02864					.]02004		
Street Address				Street Address			
				Sireei Adaress			
City	5	tate	Zip	City			
			127	City	State		Zip
8. RESIDENT AGENT	IN RHO	DE ISLAND - DO	NOT ALTER - Change	s require filing of Form 642			ليوند والمحادث والمحادث
Agent Name		·		Address	· K.I.G.L. /-)	(0-11	
MARK S. KRIEGER, ESC	<u> 2.</u>						
Address		<u> </u>	<u></u>	Clty		Zip	
132 OLD RIVER ROAD, SUITE 205			LINCOLN		·		
			LINCOLN 02865-				

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

	Under penalty of perjury, I declare and affirm tincluding any accompanying schedules and state
File Date 1017 05 *121307* Check No. 1530	contained herein are trackand correct.
By: FOR SECRETARY OF STATE USE ONLY	ROBERT B. GEDDES, MANAGER 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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ________2004

	otember 1 - November 1	• Filing Fee: \$50.00					
	PED OR PRINTED IN BLACK)						
1. ID No.	2. Exact name of the limited	l liability company	-		,		
121307	HINES ROAD, LLC	SROAD LLC					
3. State of Formation	4. Brief description	t of the character of the busines	ss which is actually conducted in Rhode	Island			
RHODE ISLAND		E					
5. Principal office add 26 Jason'	^{tress} s Grant Drive		Cumberland	State RI	^{Zip} 02864		
6. MAILING ADD	RESS OF LIMITED HARH	ITY COMPANY AND NA	AME OR TITLE OF CONTACT P		. 02004		
ROBERT B.			Contact Title MANAGER	EKSON:			
26 JASON'	S GRANT DRIVE		CUMBERLAND	State RI	02864		
	FILL IN SPA ANY MODIFICATIONS TO	CES BEFORE USING AT	TABILITY COMPANY, IF APPLI TACHMENTS ("X" BOX FOR FILING OF AMENDMENT, R.I. Manager Name	ATTACHMENT)	7-16-52		
	OIMBIA)		JANICE GEDDES				
Street Address			Street Address				
	S GRANT DRIVE		26 JASON'S GRANT DRIVE				
CUMBERLANI	D State	<i>Ζιρ</i> 02864	CUMBERLAND	State RI	<i>Zip</i> 02864		
Manager Name			Manager Name	***************************************			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGI Agent Name	ENT IN RHODE ISLAND -	DO NOT ALTER - Chan	:. ges require filing of Form 64 Address	l 2 - R.I.G.L. 7-16-11	1		
MARK S. KRIEGER	ESO.						
Address			City	Zφ			
132 OLD RIVER ROAD, SUITE 205			LINCOLN	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	
By:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury declare and affirm that I have examined the declare and statements, and the contained herein are true and correct.	mined this report
contained herein and true and correct.	

Signature of Authorized Person

Date

ROBERT B/GEDDES, MANAGER

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

2003

(FORM MUST BE TYPED (• Fuing Fee: \$50.00				
1. 1D No. 121307	-	name of the limited liability company HINES ROAD, LLC				
3. State of Formation	4. Brief description	of the character of the business w	bich is actually conducted in Rhode	e Island		
RHODE ISLAND	REAL ESTATE	Ē				
5. Principal office address			City	State		Zip
26 Jason's (Grant Drive		Cumberland		RI	02864
6. MAILING ADDRES	SS OF LIMITED LIABIL	ITY COMPANY AND NAM	E OR TITLE OF CONTACT	PERSON:		I
Robert B. G			Contact Title Manager			
Street Address			City	State	. <u> </u>	Zip
26 Jason's (Grant Drive		Cumberland	R	ZI .	02864
Robert B. G	MODIFICATIONS TO	CES BEFORE USING ATTA MANAGERS REQUIRES FI	CHMENTS ("X" BOX FOR ATTACHMENT) [LING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name			
Street Address			Street Address	· 		
26 Jason's (Grant Drive					
City	State Zip City State Zip				Zip	
Cumberland	RI	02864				1
Manager Name			Manager Name			
Street Address			. Street Address			
City	State	Zip	Сііу	State		Zip
8. RESIDENT AGENT Agent Name MARK S. KRIEGER, ESC		DO NOT ALTER - Changes	s require filing of Form 6	I 42 - R.I.G.L. 7-1	6-11	1
132 OLD RIVER ROAD, SUITE 205			City LINCOLN	Z(p 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 11/24/03	
Check No. 10 L	
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

11-4-03

____/

ROBERT \$. GEDDES, MANAGER



Edward S. Inman, 111, 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) I. ID No. 2. Exact name of the limited liabilty company 121307 HINES ROAD, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **RHODE ISLAND** REAL ESTATE 5. Principal office address 02864 Cumberland RI 26 Jason's Grant 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Robert B. Geddes Manager Street Address State Zip 26 Jason's Grant 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 Robert B. Geddes Janice Geddes Street Address Street Address 26 Jason's Grant 26 Jason's Grant State Cumberland RI02864 Cumberland 02864 RΙ Manager Name Manager Name Street Address Street Address City 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 Address MARK S. KRIEGER, ESQ. City Zip 132 OLD RIVER ROAD, SUITE 205 LINCOLN 02865-

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



	0/1/03
File Date	9/10/1001
Check No	1011
Ву:	GAN
FOR SECRE	TARY OF STATE USE ONLY

Under penalty of perjury, I declare and affi this report, including any accompanying so and that all statements contained herein are	hedules and statements,
Signature of Authorized Person	Date
ROBERT B. GEDDES, MANAGER	
Print or Type Name of Authorized Person	