State of New Hampshire
2006 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 01/14/2006
Business ID: 423577
William M. Gardner
Secretary of State

PEERFACE COVE, LLC

5 BERKELEY PLACE

CAMBRIDGE , MA 02138

ENTITY TYPE:	LLC
BUSINESS ID:	423577
STATE OF DOMICILE:	NEW HAMPSHIRE
FEDERAL ID:	550817756
SUMMER REAL ESTATE	

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ADDRESS OF PRINCIPAL OFFICE:

5 BERKELEY PLACE

CAMBRIDGE , MA 02138

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM

9 CAPITOL STREET

CONCORD , NH 03301

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If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

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MANAGERS — **A**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. **JULIA M. FAIR**
STREET **5 BERKELEY PLACE**
CITY/STATE/ZIP **CAMBRIDGE MA 02138**

MANA. **C. LANSING FAIR**
STREET **5 BERKELEY PLACE**
CITY/STATE/ZIP **CAMBRIDGE MA 02138**

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

MEMBERS — **B**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

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To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **C. LANSING FAIR**

Please print name and title of signer: **C. LANSING FAIR** / **MANAGER**

NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529