RI SOS Filing Number: 200702418990 Date: 11/09/2007 4:00 PM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

***Ralph Mollis,** Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
000070640	The Windy Meadows LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	Land management

5. Principal office address	City	State	Zip
836 D Matunuck Schoolhouse Rd.	Wakefield	RI	02879

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

Contact Name	Contact Title
Henry H. Meyer III	Treasurer

Street Address	City	State	Zip
836 D Matunuck Schoolhouse Rd.	Wakefield	RI	02879

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Matthew P. Meyer	Timothy B. Meyer
Street Address	Street Address
836 C Matunuck Schoolhouse Rd.	37 Kings Highway
City / State / Zip	City / State / Zip
Wakefield / RI / 02879	Weston / CT / 06897
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
Henry H. Meyer III	
Address	**City** / **Zip**
836 D Matunuck Schoolhouse Rd.	Wakefield / 02879

2007 NOV -9 PM 2:27

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

[redacted]

FILED
NOV 09 2007
By [redacted]
4/1906

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.

[redacted] 9 Nov 2007
Signature of Authorized Person *Date*

Henry H. Meyer III
Print or Type Name of Authorized Person

[redacted]

File Date	
Check No.	
By:	

15572-6-187448
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07