RI SOS Filing Number: 200837024330 Date: 10/22/2008 4:00 PM

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

A. 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 2008

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
95647	THE FOREWEST GROUP, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	owning and maintaining a golf course and club house

5. Principal office address	City	State	Zip
450 Wakefield Street	West Warwick	RI	02893

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

Contact Name	Contact Title
Mary Quinn Williamson	President

Street Address	City	State	Zip
450 Wakefield Street	West Warwick	RI	02893

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
Street Address	Street Address
City / State / Zip	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	Address	
John C. Revens, Jr.		
Address	City	Zip
946 Centerville Road	Warwick	02886

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

[redacted] 95647 [redacted]

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 Q. Williamson 10/15/2008
Signature of Authorized Person *Date*

[redacted] Mary Q. Williamson
Print or Type Name of Authorized Person

File Date 10-22-08
Check No. 11160
By: MMC
FOR SECRETARY OF STATE USE ONLY

27255-30-295592

Form 632 Rev. 07/07