Ao. and Street: <u>449 OLD BOSTON NECK ROAD, P.O. BOX</u> <u>202</u> Dity or Town: <u>SAUNDERSTOWN</u> State: <u>RI</u> Zip: <u>02874</u> Country: <u>US</u> <b>Mailing Address of Limited Liability Company and Name or Title of Contact Person:</b> Contact Name: <u>PETER G. RANDALL</u> Contact Title: <u>MANAGER</u> No. and Street: <u>20 LAUGHLIN LANE</u>			tary of State	
Providence RI 02904-2615 (401) 222-3040         mited Liability Company mula Report         ling Period: September 1 - November 1         accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 16-66(b&c)) is subject to a penalty fee of \$25.00.         NNUAL REPORT YEAR: 2011         . ID No. 000125812         . Exact Name of the Limited Liability Company Briar Patch, LLC         . State of Formation         State: RI         . Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         EEAL ESTATE         . Principal Office Address         lo. and Street: 449 OLD BOSTON NECK ROAD, P.O. BOX 202         Aty or Town: SAUNDERSTOWN         State: Name PETER G. RANDALL Contact Title: MANAGER lo. and Street: 20LAUGHLIN LANE         Boind Street: 20LAUGHLIN LANE         Bity or Town: PHILLADELPHIA         State: PA       Zip: 19118         Country: USA         Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country: USA         AMAGER       PETER G RANDALL SHARPE       Address, City or Town, State, Zip Code, Country: USA		Division Of Busin	ess Services	
(401) 222-3040         mited Liability Company Ing Period: September 1 - November 1         accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to its annual report within thirty (20) days after the time prescribed by law (R.I.G.L. 16-66(b&c)) is subject to a penalty fee of \$25.00.         NNUAL REPORT YEAR: 2011         ID No. 000125812         Exact Name of the Limited Liability Company Briar Patch, LLC         State of Formation         State: RI         Principal Office Address         o. and Street: 449 OLD BOSTON NECK ROAD, P.O. BOX 202         202         with or Town: SAUNDERSTOWN         Mailing Address of Limited Liability Company and Name or Title of Contact Person:         on and Street: 20 LAUGHLIN LANE         ity or Town: PHILLADELPHIA         State: PA       Zip: 19118       Country: USA         Name and Address of Each Manager of the Limited Liability Compa				
mited Liability Company nnual Report         ling Period: September 1 - November 1         accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to his annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 16-66(b&c)) is subject to a penalty fee of \$25.00.         INUAL REPORT YEAR: 2011         . ID No.       000125812         . Exact Name of the Limited Liability Company Briar Patch, LLC         . State of Formation         State: RI         . Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         REAL ESTATE         . Principal Office Address         lo, and Street:       449 OLD BOSTON NECK ROAD, P.O. BOX 202         ity or Town:       SAUNDERSTOWN         State: PETER G. RANDALL Contact Title:       MANAGER         lo, and Street:       20 LAUGHLIN LANE         ity or Town:       PTIELADELPHIA         State: PETER G. RANDALL Contact Title:       MANAGER         Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         Title       Individual Name         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country: USA         MANAGER       PETER G RANDALL	CA CARE			
Implemental Report         Imp Period: September 1 - November 1         accordance with R.I.G.L. 7.16-66(0), each limited liability company failing or refusing to e its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 16-66(0&C)) is subject to a penalty fee of \$25.00.         INNUAL REPORT YEAR: 2011         . ID No. 000125812         . Exact Name of the Limited Liability Company Briar Patch, LLC         . State of Formation         State: RI         . Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         REAL ESTATE         . Principal Office Address         Io. and Street: 449 OLD BOSTON NECK ROAD, P.O. BOX 202         ity or Town: SAUNDERSTOWN         State: PITER G. RANDALL Contact Title: MANAGER         Io. and Street: 20 LAUGHLIN LANE         State: PITER G. RANDALL Contact Title: MANAGER         Io. and Street: 20 LAUGHLIN LANE         State: PITER G. RANDALL Contact Title: MANAGER         Io. and Street: 20 LAUGHLIN LANE         Shy or Town: PHILLADELPHIA       State: PA       Zip: 19118       Country: USA         Aname and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS         Title       Individual Name       Address. City or Town, State. Zip Code, Country         MANAGER       JULIA RANDALL SHARPE       SAUN	retary of St	(401) 222-3	3040	
Imp Period: September 1 - November 1         accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to         its annual report within thirty (30) days after the time prescribed by law (R.I.G.L.           18-66(b&c)) is subject to a penalty fee of \$25.00.          INNUAL REPORT YEAR: 2011          ID No.       000125812          Exact Name of the Limited Liability Company Briar Patch, LLC          State of Formation         State: RI         Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         EEAL ESTATE         Principal Office Address         Io, and Street:       449 OLD BOSTON NECK ROAD, P.O. BOX 202         202       204         ity or Town:       SAUNDERSTOWN         State: RI Zip: 02874 Country: US.         Mailing Address of Limited Liability Company and Name or Title of Contact Person:         contact Name:       PETER G. RANDALL Contact Title:         Mailing Address of Each Manager of the Limited Liability Company, if Applicable.         Do NOT LIST MEMBERS         Title       Individual Name         First, Middle, Last, Suffix       Address, City or Town, State, 2/p Code, Country         WanAgER       JULIA RANDALL SHARPE       SauDeRSTOWN, RI COZA7 USA	mited Liability Cor	npany		
accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to bits annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 16-66(b&c)) is subject to a penalty fee of \$25.00. INNUAL REPORT YEAR: 2011 . ID No. 000125812 . Exact Name of the Limited Liability Company Briar Patch, LLC . State of Formation State: RI . Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE . Principal Office Address lo. and Street: 449 OLD BOSTON NECK ROAD, P.O. BOX 202 Sty or Town: SAUNDERSTOWN State: RI Zp: 02874 Country: US. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Sontact Name: PETER G. RANDALL Contact Title: MANAGER lo. and Street: 20 LAUGHLIN LANE State: PA Zip: 19118 Country: USA Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address Address, City or Town, State. Zip Code, Country MANAGER PETER G. RANDALL SHARPE SAUNDERSTOWN, RI 2027 JSA	-			
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INNUAL REPORT YEAR: 2011         . ID No.       000125812         . Exact Name of the Limited Liability Company Briar Patch, LLC         . State of Formation         State: RI         . Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         REAL ESTATE         . Principal Office Address         Io. and Street:       449 OLD BOSTON NECK ROAD, P.O. BOX 202         . 202         ity or Town:       SAUNDERSTOWN         State: RI       Zip: 02874 Country: US.         Mailing Address of Limited Liability Company and Name or Title of Contact Person:         contact Name:       PETER G. RANDALL Contact Title:         Mailing Address of LambalL Contact Title:       MANAGER         Io. and Street:       20 LAUGHLIN LANE         ity or Town:       PHILLADELPHIA       State: PA       Zip: 19118       Country: USA         Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS       Address.       Address.         Title       Individual Name       Address.       Address.       Address.         MANAGER       PETER G RANDALL       Statifix       Address.       Address.         MANAGER       PETER G RANDALL       20 LAUGHLIN LANE       20 LAUGHLIN LANE			ibed by law (R.I.G.L.	
ID No. 000125812         • Exact Name of the Limited Liability Company Briar Patch, LLC         • State of Formation         State: RI         • Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         • EAL ESTATE         • Principal Office Address         Io. and Street: 449 OLD BOSTON NECK ROAD, P.O. BOX 202         ity or Town: SAUNDERSTOWN         State: RI Zip: 02874 Country: US.         • Mailing Address of Limited Liability Company and Name or Title of Contact Person:         contact Name: PETER G, RANDALL Contact Title: MANAGER         to and Street: 20 LAUGHLIN LANE         ity or Town: PHILLADELPHIA State: PA Zip: 19118 Country: USA         • Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name First, Middle, Last, Suffix         MANAGER       PETER G RANDALL SHARPE         P.O. BOX 202 SAUNDERSTOWN, IO 227 4 USA				
. Exact Name of the Limited Liability Company Briar Patch, LLC         . State of Formation         State: RI         . Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         EAL ESTATE         . Principal Office Address         to. and Street: 449 OLD BOSTON NECK ROAD, P.O. BOX 202         . add Street: 449 OLD BOSTON NECK ROAD, P.O. BOX 202         . with or Town:       SAUNDERSTOWN         . Mailing Address of Limited Liability Company and Name or Title of Contact Person:         tontact Name:       PETER G. RANDALL Contact Title:         . Mame and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name         First, Middle, Last, Suffix         Address, City or Town, State, Zip Code, Country         MANAGER       PETER G RANDALL         Value RANDALL       State: P.O. BOX 202         SAUNDERSTOWN, RI 02874 USA       20 LAUGHLIN LANE	NNUAL REPORT YEAF	<b>R</b> : <u>2011</u>		
. State of Formation         State: RI         . Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         EEAL ESTATE         . Principal Office Address         lo. and Street: 449 OLD BOSTON NECK ROAD, P.O. BOX 202         ity or Town: SAUNDERSTOWN         State: RI Zip: 02874 Country: US         . Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Sontact Name: PETER G. RANDALL Contact Title: MANAGER         Io. and Street: 20 LAUGHLIN LANE         Brity or Town: PHILLADELPHIA State: PA Zip: 19118 Country: USA         . Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       JULIA RANDALL SHARPE       P.O. BOX 202         SAUNDERSTOWN, RI 02874 USA       20 LAUGHLIN LANE	. ID No. <u>00012581</u>	2		
State: RI         Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         EEAL ESTATE         Principal Office Address         o. and Street:       449 OLD BOSTON NECK ROAD, P.O. BOX 202         ity or Town:       SAUNDERSTOWN         State: RI       zip: 02874 Country: US.         Mailing Address of Limited Liability Company and Name or Title of Contact Person:         contact Name:       PETER G. RANDALL Contact Title:         MANAGER       PHILLADELPHIA         State: PA       zip: 19118         Country: USA	. Exact Name of the L	-imited Liability Company <u>Briar P</u>	atch, LLC	
Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         EAL ESTATE         Principal Office Address         o. and Street:       449 OLD BOSTON NECK ROAD, P.O. BOX 202         ity or Town:       SAUNDERSTOWN         State:       RI         Zip:       02874         Country:       US         Mailing Address of Limited Liability Company and Name or Title of Contact Person:         contact Name:       PETER G. RANDALL Contact Title:         MANAGER       20 LAUGHLIN LANE         ity or Town:       PHILLADELPHIA         State:       PA         Zip:       19118         Country:       USA         Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS       Address         Title       Individual Name         First, Middle, Last, Suffix       Address         Address, City or Town, State, Zip Code, Country         MANAGER       JULIA RANDALL SHARPE         P.O. BOX 202       SAUNDERSTOWN, RI 02874 USA         MANAGER       PETER G RANDALL	. State of Formation			
Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         EAL ESTATE         Principal Office Address         Io. and Street:       449 OLD BOSTON NECK ROAD, P.O. BOX 202         ity or Town:       SAUNDERSTOWN         State:       RI         Zip:       02874         Country:       US         Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Stontact Name:       PETER G. RANDALL Contact Title:         MANAGER       20 LAUGHLIN LANE         Ity or Town:       PHILLADELPHIA         State:       PA         Zip:       19118         Country:       USA         Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS       Address         Title       Individual Name         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       JULIA RANDALL SHARPE       P.O. BOX 202         SAUNDERSTOWN, RI 02874 USA       20 LAUGHLIN LANE				
EEAL ESTATE         • Principal Office Address         A. or and Street:       449 OLD BOSTON NECK ROAD, P.O. BOX 202         Sity or Town:       SAUNDERSTOWN         State:       RI         Zip:       02874         Country:       US         Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       PETER G. RANDALL Contact Title:         Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       PETER G. RANDALL Contact Title:         Manager:       20         LAUGHLIN LANE         Sity or Town:       PHIILLADELPHIA         State:       PA         Zip:       19118         Country:       USA         Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS       Address         Title       Individual Name         First, Middle, Last, Suffix       Address         Address, City or Town, State, Zip Code, Country         MANAGER       JULIA RANDALL SHARPE         P.O. BOX 202       SAUNDERSTOWN, RI 02874 USA         MANAGER       PETER G RANDALL       20 LAUGHLIN LANE	State: RI			
No. and Street: <u>449 OLD BOSTON NECK ROAD, P.O. BOX</u> <u>202</u> 202         State: <u>RI</u> Zip: <u>02874</u> Country: <u>US</u> State: <u>NamAGER</u> JULIA RANDALL       State: <u>PA</u> Zip: <u>19118</u> Country: <u>USA</u> <u>State:         <u>20 LAUGHLIN LANE</u> <u>20 LAUGHLIN LANE</u>         City or Town:       <u>PHILLADELPHIA</u>       State:         <u>20 LAUGHLS       Country:       USA</u>         - Name and Address of Each Manager of the Limited Liability Company, if Applicable.       <u>Address</u> <u>JULIA RANDALL SHARPE</u> <u>P.O. BOX 202</u>         SAUNDERSTOWN, RI 02874 USA       <u>20 LAUGHLIN LANE</u> </u>	4. Brief Description of t	he Character of the Business Whi	ch is Actually Conducted i	n Rhode Island
202         City or Town:       SAUNDERSTOWN         State: RI       Zip: 02874         Country: US         Contact Name:       PETER G. RANDALL Company and Name or Title of Contact Person:         Contact Name:       PETER G. RANDALL Contact Title:         MANAGER       20 LAUGHLIN LANE         Country: OT Town:       PHILLADELPHIA         State:       PA         Zip:       19118         Country:       USA         Country:       USA         Contact Name:       Peter G RANDALL Contact Title:         MANAGER       JULIA RANDALL SHARPE         P.O. BOX 202       SAUNDERSTOWN, RI 02874 USA         MANAGER       PETER G RANDALL	4. Brief Description of t		ch is Actually Conducted i	n Rhode Island
Sity or Town:       SAUNDERSTOWN       State: RI       Zip: 02874       Country: US.         5. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       PETER G. RANDALL Contact Title:       MANAGER         Alo. and Street:       20 LAUGHLIN LANE       Zip: 19118       Country: USA         Contact Name:       PHILLADELPHIA       State: PA       Zip: 19118       Country: USA         Construct Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       JULIA RANDALL SHARPE       P.O. BOX 202         SAUNDERSTOWN, RI 02874 USA       20 LAUGHLIN LANE	I. Brief Description of t REAL ESTATE 5. Principal Office Addr	ess	-	n Rhode Island
5. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       PETER G. RANDALL Contact Title:       MANAGER         No. and Street:       20 LAUGHLIN LANE         City or Town:       PHILLADELPHIA       State:         PA       Zip:       19118         Country:       USA         Constant Name       Address         City or Town:       PHILLADELPHIA         State:       PA         Zip:       19118         Country:       USA         Address       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       JULIA RANDALL SHARPE       P.O. BOX 202         SAUNDERSTOWN, RI 02874 USA       20 LAUGHLIN LANE	Brief Description of t <u>REAL ESTATE     Frincipal Office Addr     No. and Street: 449 OL </u>	ess	-	n Rhode Island
Contact Name:       PETER G. RANDALL Contact Title:       MANAGER         No. and Street:       20 LAUGHLIN LANE       State:       PA       Zip:       19118       Country:       USA         City or Town:       PHILLADELPHIA       State:       PA       Zip:       19118       Country:       USA         C. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS       Do NOT LIST MEMBERS         Title       Individual Name       Address       Address       Address       Country         MANAGER       JULIA RANDALL SHARPE       P.O. BOX 202       SAUNDERSTOWN, RI 02874 USA         MANAGER       PETER G RANDALL       20 LAUGHLIN LANE	Brief Description of t     REAL ESTATE     Description of t     Office Addr     No. and Street: <u>449 OL</u> <u>202</u>	r <b>ess</b> . <u>D BOSTON NECK ROAD, P.O</u>	<u>. BOX</u>	
No. and Street:       20 LAUGHLIN LANE PHILLADELPHIA       State: PA       Zip: 19118       Country: USA         Country:       DO NOT       List Manager of the Limited Liability Company, if Applicable.       Country:       USA         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       JULIA RANDALL SHARPE       P.O. BOX 202 SAUNDERSTOWN, RI 02874 USA         MANAGER       PETER G RANDALL       20 LAUGHLIN LANE	Brief Description of t     REAL ESTATE     Description of t     Office Addr     No. and Street: <u>449 OL</u> <u>202</u>	r <b>ess</b> . <u>D BOSTON NECK ROAD, P.O</u>	<u>. BOX</u>	
No. and Street:       20 LAUGHLIN LANE PHILLADELPHIA       State: PA       Zip: 19118       Country: USA         Country:       DO NOT       List Manager of the Limited Liability Company, if Applicable.       Country:       USA         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       JULIA RANDALL SHARPE       P.O. BOX 202 SAUNDERSTOWN, RI 02874 USA         MANAGER       PETER G RANDALL       20 LAUGHLIN LANE	Brief Description of t     REAL ESTATE     S. Principal Office Addr No. and Street: <u>449 OL</u> <u>202</u> City or Town: <u>SAUNE</u>	r <b>ess</b> . <u>D BOSTON NECK ROAD, P.O</u> DERSTOWN	<u>. BOX</u> State: <u>RI</u> Zip: <u>0</u> 2	2 <u>874</u> Country: <u>US</u>
Dity or Town:       PHILLADELPHIA       State:       PA       Zip:       19118       Country:       USA         Country:       Dity or Town       Each Manager of the Limited Liability Company, if Applicable.       Country:       USA         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       JULIA RANDALL SHARPE       P.O. BOX 202         MANAGER       PETER G RANDALL       20 LAUGHLIN LANE	Brief Description of t     REAL ESTATE     Description of t     REAL ESTATE     Office Addr     Address of L     Description	ress D BOSTON NECK ROAD, P.O DERSTOWN .imited Liability Company and Nar	<u>. BOX</u> State: <u>RI</u> Zip: <u>02</u> ne or Title of Contact Pers	2 <u>874</u> Country: <u>US</u>
Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       JULIA RANDALL SHARPE       P.O. BOX 202         MANAGER       PETER G RANDALL       20 LAUGHLIN LANE	Brief Description of t     REAL ESTATE     Description of t     REAL ESTATE     Office Addr     No. and Street: 449 OL     202     Dity or Town: SAUNE     SAUNE     Mailing Address of L     Contact Name: PETER	ress D BOSTON NECK ROAD, P.O DERSTOWN .imited Liability Company and Nat G. RANDALL Contact Title: MANA	<u>. BOX</u> State: <u>RI</u> Zip: <u>02</u> ne or Title of Contact Pers	2 <u>874</u> Country: <u>US</u>
DO NOT LIST MEMBERS       Individual Name       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       JULIA RANDALL SHARPE       P.O. BOX 202         MANAGER       PETER G RANDALL       20 LAUGHLIN LANE	4. Brief Description of t <u>REAL ESTATE</u> 5. Principal Office Addr No. and Street: <u>449 OL</u> <u>202</u> City or Town: <u>SAUNE</u> 5. Mailing Address of L Contact Name: <u>PETER</u> No. and Street: <u>20</u>	Tess D BOSTON NECK ROAD, P.O DERSTOWN imited Liability Company and Nat G. RANDALL Contact Title: MANA D LAUGHLIN LANE	<u>. BOX</u> State: <u>RI</u> Zip: <u>02</u> me or Title of Contact Pers	2874 Country: <u>US</u> son:
First, Middle, Last, Suffix     Address, City or Town, State, Zip Code, Country       MANAGER     JULIA RANDALL SHARPE     P.O. BOX 202 SAUNDERSTOWN, RI 02874 USA       MANAGER     PETER G RANDALL     20 LAUGHLIN LANE	Brief Description of t <u>REAL ESTATE</u> S. Principal Office Addr No. and Street: <u>449 OL</u> <u>202</u> City or Town: <u>SAUNE</u> S. Mailing Address of L Contact Name: <u>PETER</u> No. and Street: <u>20</u>	Tess D BOSTON NECK ROAD, P.O DERSTOWN imited Liability Company and Nat G. RANDALL Contact Title: MANA D LAUGHLIN LANE	<u>. BOX</u> State: <u>RI</u> Zip: <u>02</u> me or Title of Contact Pers	2874 Country: <u>US</u> son:
MANAGER     JULIA RANDALL SHARPE     P.O. BOX 202       MANAGER     PETER G RANDALL     SAUNDERSTOWN, RI 02874 USA       MANAGER     PETER G RANDALL     20 LAUGHLIN LANE	Brief Description of t     REAL ESTATE     Description of t     REAL ESTATE     Description of t     Contact Name: PETER     No. and Street: 20     Description     Descr	Tess D BOSTON NECK ROAD, P.O DERSTOWN imited Liability Company and Nat G. RANDALL Contact Title: MANA D LAUGHLIN LANE HILLADELPHIA Stat of Each Manager of the Limited Li	<u>. BOX</u> State: <u>RI</u> Zip: <u>0</u> me or Title of Contact Pers <u>GER</u> e: <u>PA</u> Zip: <u>19118</u>	2874 Country: <u>US</u> son: Country: <u>USA</u>
MANAGER     PETER G RANDALL     20 LAUGHLIN LANE	Brief Description of t     REAL ESTATE     Principal Office Addr     Address of L     Contact Name: PETER     Ao. and Street: 20     Contact Nam     Ao. and Street: 20     Contact Name: PETER     Ao. and Stre	Tess D BOSTON NECK ROAD, P.O DERSTOWN imited Liability Company and Nat G. RANDALL Contact Title: MANA LAUGHLIN LANE HILLADELPHIA Stat of Each Manager of the Limited Li ERS	<u>. BOX</u> State: <u>RI</u> Zip: <u>0</u> me or Title of Contact Pers <u>GER</u> e: <u>PA</u> Zip: <u>19118</u> ability Company, if Applic	2874 Country: <u>US</u> son: Country: <u>USA</u> able.
MANAGER PETER G RANDALL 20 LAUGHLIN LANE	Brief Description of t     REAL ESTATE     Principal Office Addr     Address of L     Contact Name: PETER     Ao. and Street: 20     Contact Nam     Ao. and Street: 20     Contact Name: PETER     Ao. and Stre	ress         .D BOSTON NECK ROAD, P.O         DERSTOWN         .imited Liability Company and Nat         G. RANDALL Contact Title: MANA         DLAUGHLIN LANE         HILLADELPHIA       Stat         of Each Manager of the Limited Li         ERS         Individual Name	<u>. BOX</u> State: <u>RI</u> Zip: <u>02</u> me or Title of Contact Pers <u>GER</u> e: <u>PA</u> Zip: <u>19118</u> ability Company, if Applic Addres	2874 Country: <u>US</u> son: Country: <u>USA</u> able.
20 LAUGHLIN LANE	Brief Description of t      REAL ESTATE      Principal Office Addr      Jo. and Street: 449 OL      202      Zity or Town: SAUNE      Mailing Address of L      Contact Name: PETER      Jo. and Street: 20      Zity or Town: PE      Contact Name: PETER      Jo. and Street: 20      Title      Title	Dess         DBOSTON NECK ROAD, P.O         DERSTOWN         imited Liability Company and Nat         G. RANDALL Contact Title: MANA         DLAUGHLIN LANE         HILLADELPHIA       Stat         of Each Manager of the Limited Liability Res         Individual Name         First, Middle, Last, Suffix	<u>. BOX</u> State: <u>RI</u> Zip: <u>02</u> me or Title of Contact Pers <u>GER</u> e: <u>PA</u> Zip: <u>19118</u> ability Company, if Applic Address, City or Town, Stat P.O. BOX	2874 Country: <u>US</u> son: Country: <u>USA</u> able. ss e, Zip Code, Country < 202
	Brief Description of t         EAL ESTATE         Principal Office Addr         Io. and Street:       449 OL 202         Sity or Town:       SAUNE         Io. and Street:       202         Sity or Town:       SAUNE         Io. and Street:       20         Sontact Name:       PETER         Io. and Street:       20         Sontact Name:       PETER         Io. and Street:       20         Sity or Town:       PH         Io. and Street:       20         Sity or Town:       PH         Io. and Address of DO NOT LIST MEMBE         Title         MANAGER	ress         .D BOSTON NECK ROAD, P.O         DERSTOWN         .imited Liability Company and National Contact Title:         .MANDALL Contact Title:         MANA         DLAUGHLIN LANE         HILLADELPHIA         Stat         Of Each Manager of the Limited Liers         Individual Name         First, Middle, Last, Suffix         JULIA RANDALL SHARPE	. BOX State: <u>RI</u> Zip: <u>02</u> me or Title of Contact Pers <u>GER</u> e: <u>PA</u> Zip: <u>19118</u> ability Company, if Applic Address, City or Town, Stat P.O. BO) SAUNDERSTOWN, F	2874 Country: <u>US</u> son: Country: <u>USA</u> able. ss e, Zip Code, Country < 202 RI 02874 USA

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PAUL A. SILVER, ESQ. HINCKLEY, ALLEN & SNYDER LLP <u>50 KENNEDY PLAZA, STE. 1500</u> PROVIDENCE , <u>RI 02903</u>

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

**Signed this 28 Day of October, 2011 at 2:32:20 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>PAUL A. SILVER, ESQ.</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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