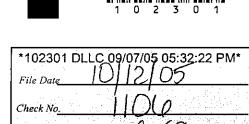


Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPE	D OR PRINTED IN BLA	(CK)				
<i>I. ID No.</i> 102301		xact name of the limited liabilty company E KARLSON FAMILY LLC				
3. State of Formation	4. Brief descrip	tion of the character of t	he business which is actually condu	cted in Rhode Island		
RHODE ISLAND	REAL ESTA	TE.				
5. Principal office addre	22		City	State	Zip	
289 SLEEPY HOI	LLOW FARM ROAD		WARWICK	RI	02886-	
6. MAILING ADDR	LESS OF LIMITED	LIABILITY COMP	ANY AND NAME OR TITI	E OF CONTACT PER	SON:	
Contact Name	N. Salat Character and the letter state of the control of the	Dallecture Different Lacobia de crisidade Constitue Holad, est est francasiones de seu	Contact Title		allinasia de maio audemonte esto estos i struccios distributados de contratos de contrator estos contratos est O contratos	
PETER L KARLSO	N		•			
Street Address			City	State	Zip	
289 SLEEPY HOL	LOW FARM ROAD		.WARWICK	RI	02886-	
7. NAME AND ADD	RESS OF EACH V	ANAGER OF THE	EMITED LIABILITY CO	MPANY, IE APPLICA	BLE	
	FILINS	PACES REFORE USIN	G ATTACHMENTS : ("X" BC	$X$ FOR ATTACHMENT). $\square$		
	ANY MODIFICATIONS	TO MANAGERS REC	WIRES FILING OF AMENDMEN	T. R.I.G.L 7-16-12 (a) (2) /	7-16-52	
Manager Name			<ul> <li>Manager Name</li> </ul>			
			•			
Street Address			<ul> <li>Street Address</li> </ul>			
			:			
City	State	Zip	*City	State	Zip	
	]					
Manager Name			*Manager Name			
			•			
Street Address			•Street Address			
City	State	Zip	City	State	Zip	
City	D.u.c	Z.ip	•	Sittle	2.0	
U DECEMENTE CEN	TOTAL DUGANE FOR AN	N DO NOT ALTER C	hanges require filing o	FEATH FAR PICT 7	e e e de la companya	
Agent Name	I IX KRODE ISLAN	D-BO NOT ALIEN. C	Address	I FOIII 042 - REGE /-	19-11	
PASTER & HARP	OOTIAN, LTD.		ONE PROVIDEN	CE WASHINGTON PL	AZA	
Address	W		City	Zi	p	
			PROVIDENCE	0	)2903	
	· <u>.</u>		•			

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



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.

Peter L. Karlson

Print or Type Name of Authorized Person



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

(FORM MUST BE T	YPED OR PRINTED I					
<i>I. ID No.</i> 102301		2. Exact name of the limited liabilty company THE KARLSON FAMILY LLC				
3. State of Formation	4. Brief	description of the character	of the business which is actually c	onducted in Rhode Island		
RHODE ISLAN	ID REAL	ESTATE.				
5. Principal office a	ddress		City	State	Zip	
289 SLEEPY	HOLLOW FARM R	OAD	WARWICK	RI	02886-	
6. MAILING AI Contact Name PETER L KAR		TED LIABILITY CO	MPANY AND NAME OR 1 Contact Title Member	TITLE OF CONTACT P	ERSON:	
Street Address			City	State	Zip	
289 SLEEPY F	OLLOW FARM R	DAD	.WARWICK	RI	02886-	
Manager Name	FILL	IN SPACES BEFORE U	HE LIMITED LIABILITY SING ATTACHMENTS ("X EQUIRES FILING OF AMENDI  *Manager Name : :	" BOX FOR ATTACHMENT)	[ <b></b>	
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 AG Agent Name	ENT IN RHODE IS	l LAND - <i>DO NOT ALTER</i>	-Changes require filing	 g of Form 642 - R.I.G.I	7-16-11	
PASTER & HAI	RPOOTIAN, LTD		ONE PROVII	DENCE WASHINGTON	PLAZA	
Address			City	City Zip		
				PROVIDENCE 02		
					<del></del>	

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



*102301	DLLC 0	9/07	04 0	3:25:46	PM*
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FOR SECR	ETARY OI	STAT	E USI	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.

Peter L. Karlson

Print or Type Name of Authorized Person



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

<i>(FORM MUST BE TYPED</i>	OR PRINTED IN BL	ACK)					
, ,	2. Exact name of the li THE KARLSON I	mited liabilty company					
				. 1. 57 / 71 7			
3. State of Formation			he business which is actually cond	ucted in Khode Island			
RHODE ISLAND	REAL EST	ATE.					
5. Principal office address	•		City	State	Zip		
289 SLEEPY HOLI	W FARM		WARWICK	RI	02886-		
6. MAILING ADDRE	SS OF LIMITED	LIABILITY COMP	ANY AND NAME OR TIT	LE OF CONTACT PER	SON:		
Contact Name	antica a contrata a co	antenius ( ) . Permitro de desir a de la Permitro de Servicio de Cartino de Cartino de Cartino de Cartino de C	Contact Title				
PETER L KARLSON	1		.Member				
Street Address			City	State	Zip		
289 SLEEP HOLL			. WARWICK	RI	02886-		
7. NAME AND ADDI	ESS OF EACH N	IANAGER OF THE	LIMITED LIABILITY C	ompany, if applica	BLE		
u er Note di Education de la Br			IG ATTACHMENTS : ("X" B		and the second days of the		
	NY MODIFICATION	S TO MANAGERS REQ	UIRES FILING OF AMENDMEN	IT. R.LG.L 7-16-12 (a) (2) /	7-16-52		
Manager Name			• Manager Name	•Manager Name			
			•				
Street Address			Street Address				
			•				
Ĉity	State	Zip	• City	State	Zip		
	]				]		
Manager Name			*Manager Name				
G:			0: 1177				
Street Address			•Street Address •				
City	State	Zip	City	State	Zip		
		1	•				
8. RESIDENT AGENT	IN RHODE ISLAN	ID -DO NOT ALTER- C	hanges require filing o	f Form 642 - R.I.G.L., 7-1	6-11		
Agent Name	and the second s	and American Commission of the Commission of Management of American States and American States and American St	Address	and the first of the article of the first of the second of	and the state of t		
PASTER & HARPO	OTIAN, LTD.		ONE PROVIDEN	ICE WASHINGTON PLA	AZA		
Address			City	Zip	7		
			PROVIDENCE	0	2903		
					•		

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



*102301 DLLC 09/26/03 02:41:18 PM*
File Date 10/72/03
Check No. 2157
$\sim$
B <u>y:</u>
FOR SECRETARY OF STATE USE ONLY
TOTAL OLD CALLED CALLED

Under penalty of perjury, I declare and affir this report, including any accompanying sol		
and that all statements contained herein are	•	
Vete L. Konlan	10/6/03	
Sygnature of Authorized Person	Date	_
Peter L. Karls to		
Print or Time Name of Authorized Person		



Edward S. Inman, III, 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 TYPE	ED OR PRINTED IN BL	ACK)					
1. ID No. 102301	2. Exact name of the li THE KARLSON FAM						
3. State of Formation	4. Brief descri	ption of the character of	the business which is actually condu	cted in Rhode Island			
RHODE ISLAND	REAL EST	ATE.					
5. Principal office addre	255		City	State	Zip		
289 Sleepy H	lollow Farm Rd.		Warwick	RI	02886		
6. MAILING ADDI	RESS OF LIMITED	LIABILITY COM	PANY AND NAME OR LITT	E OF CONTACT PE	RSON:		
Contact Name	AMPA - WALES - LINE   TO SECULT AND POST AS ARTHUR STANDARD AND ARREST STANDARD AND ARREST STANDARD AS A STANDARD AND ARREST STANDARD AND ARREST STANDARD AND ARREST STANDARD AS A STANDARD AND ARREST STANDAR	AND THE RESEARCH AND THE PROPERTY OF THE PROPE	Contact Title	294 Control Constitution of the Control Contro	eministration from the property security of the property of th		
Peter L. Karls	son, trustee		• Member				
Street Address			City	State	Zip		
289 Sleepy H	lollow Farm Rd.		<ul> <li>Warwick</li> </ul>	RI	02886		
7. NAME AND ADD			MINITED TAXBILLARY (COM				
	∮	PACES REFORE TISTS	ig attachments 🦂 🏋 B	OX FOR ATTACHMENT			
	ANY MODIFICATIONS	S TO MANAGERS REC	DUIRES FILING OF AMENDMEN	T. R.I.G.L 7-16-12 (a) (2)	7-16-52		
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		
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	T IN RHODE ISLAN	D -DO NOT ALTER- C	hanges require filing of	Form 642 - R.I.G.L.7	-16-11		
Agent Name			Address				
PASTER & HARPOOTI	AN, LTD.						
Address			City	City Zip			
ONE PROVIDENCE WA	ONE PROVIDENCE WASHINGTON PLAZA			PROVIDENCE 02903			
	·						

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



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.

Peter L. Karlson, trustee/Member

Print or Type Name of Authorized Person

Filing Fee: \$50.00

By:

To be filed annually between September 1 and November 1

5



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

### LIMITED LIABILITY COMPANY

	LIMITED LIABILITY COMMITTEE
ID	Number DLLC 102301 Annual Report for the year 2001
1.	The name of the limited liability company is:
2.	THE KARLSON FAMILY LLC  The address of the principal office of the limited liability company is:  289 Sleepy Hollow Farm Road, Warwick, Rl 02886
3. 4.	The state or other jurisdiction under the laws of which it is formed is <a href="RHODE ISLAND">RHODE ISLAND</a> The name and address of its resident agent is: <a href="PASTER &amp; HARPOOTIAN">PASTER &amp; HARPOOTIAN</a> , LTD.
<b>-7</b> .	ONE PROVIDENCE WASHINGTON PLAZA PROVIDENCE RI 02903  The current mailing address of the limited liability company and the name or title of a person to whom communications Peter L. Karlson, trustee
6.	may be directed are: 289 Sleepy Hollow Farm Road, Warwick, RI 02886  A brief statement of the character of the business in which the limited liability company is actually engaged in this Purchase, sale, and management of real and/or personal property state:  If the limited liability company has managers, the name and address of each manager of the limited liability company Address  Name
F	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.  THE KARLSON FAMILY LLC  Exact Name of Limited Liability Company  Trustee/Member  Title  Form No. 632 Revised 01/99

Filing Fee: \$50.00

## To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

### LIMITED LIABILITY COMPANY

### ID Number DLLC 102301

#### Annual Report for the year 2000

	DELO TOLLOT	
1.	1. The name of the limited liability company is:	
	THE KARLSON FAMILY LLC	
2.	2. The address of the principal office of the limite	d liability company is:
	289 Sleepy Hollow Farm Road, Wa	arwick, RI 02886
3.	3. The state or other jurisdiction under the laws o	f which it is formed is RHODE ISLAND
4.	4. The name and address of its resident agent is:	PASTER & HARPOOTIAN, LTD.
	ONE PROVIDENCE WASHINGTON PLAZA	PROVIDENCE RI 02903
5.	The current mailing address of the limited liabi	lity company and the name or title of a person to whom communications
	289 Sleepy Hollow Farm Road, Wa	arwick, RI 02886
6. 7.	state: Purchase, sale, and management	iness in which the limited liability company is actually engaged in this of real and/or personal property  the name and address of each manager of the limited liability company  Address
File :		Inder penalty of perjury, I declare and affirm that I have examined this eport, including any accompanying schedules and statements, and nat all statements contained herein are true and correct.  THE KARLSON FAMILY LLC  Exact Name of Limited Liability Company  Y Lote L. Karlson  Trustee/Member
3v:	(1)/	Form No. 632 Revised 01/99

Filing Fee: \$50.00

## To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

#### LIMITED LIABILITY COMPANY

		LIMITED LIABILITY COMPANY		
ID	Number <u>LL 102301</u>	Annual Report for the year 1999		
1.	The name of the limited liability com	pany is:		
	THE KARLSON FAMILY LLC			
2.	The address of the principal office of the limited liability company is:  252 Bowen St., Providence, RI 02906			
3.	The state or other jurisdiction under	the laws of which it is formed is RHODE ISLAND		
4.				
	ONE PROVIDENCE WASHINGTON	N PLAZA PROVIDENCE, RI 02903		
5.	The current mailing address of the lin	mited liability company and the name or title of a person to whom communications		
	may be directed are:	Gloria A. Karlson, trustee		
	252 Bowen St., Providence, RI	02906		
6.	A brief statement of the character of	of the business in which the limited liability company is actually engaged in this		
		nagement of Real and/or Personal Property		
7.	If the limited liability company has ma	anagers, the name and address of each manager of the limited liability company  Address		
Date	ed <u>Och, 25, 1999</u>	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.		
		THE KARLSON FAMILY LLC		
	* 1 0 2 3 0 1 *	Exact Name of Limited Liability Company		
File [	FOR SECRETARY OF AT A TOUSE ONLY Date:	By Gloria a Kashon		
Checl	NOV 0 1 1999	Trustee/Member		
By:	SEC'Y OF STATE	Title Form No. 632 Revised 01/99		