



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 TYPED OR PRINTED IN BLACK)

1. ID No. 102301		2. Exact name of the limited liability company THE KARLSON FAMILY LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE.	
5. Principal office address 289 SLEEPY HOLLOW FARM ROAD		City WARWICK	State RI
		Zip 02886-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name PETER L. KARLSON		Contact Title .	
Street Address 289 SLEEPY HOLLOW FARM ROAD		City WARWICK	State RI
		Zip 02886-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS. ("X" BOX FOR ATTACHMENT) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 PASTER & HARPOOTIAN, LTD.		Address ONE PROVIDENCE WASHINGTON PLAZA	
Address		City PROVIDENCE	Zip 02903

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



1 0 2 3 0 1

102301 DLLC 09/07/05 05:32:22 PM	
File Date	10/12/05
Check No.	1106
By:	CXC
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.

Signature of Authorized Person
Date 10/8/05
Peter L. Karlson
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 102301		2. Exact name of the limited liability company THE KARLSON FAMILY LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE.	
5. Principal office address 289 SLEEPY HOLLOW FARM ROAD		City WARWICK	State RI
		Zip 02886-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name PETER L KARLSON		Contact Title Member	
Street Address 289 SLEEPY HOLLOW FARM ROAD		City WARWICK	State RI
		Zip 02886-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. 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	City	State
Manager Name	Manager Name		
Street Address	Street Address		
City	State	Zip	City
State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name PASTER & HARPOOTIAN, LTD.		Address ONE PROVIDENCE WASHINGTON PLAZA	
Address		City PROVIDENCE	Zip 02903

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



1 0 2 3 0 1

102301 DLLC 09/07/04 03:25:46 PM	
File Date	10/21/04
Check No.	1019
By:	W.
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.

Signature of Authorized Person
Date 10/16/04
Peter L. Karlson
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 102301		2. Exact name of the limited liability company THE KARLSON FAMILY LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE.			
5. Principal office address 289 SLEEPY HOLLOW FARM		City WARWICK	State RI Zip 02886-		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PETER L KARLSON		Contact Title Member			
Street Address 289 SLEEP HOLLOW FARM ROAD		City WARWICK	State RI Zip 02886-		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. 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
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name PASTER & HARPOOTIAN, LTD.			Address ONE PROVIDENCE WASHINGTON PLAZA		
Address			City PROVIDENCE	Zip 02903	

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

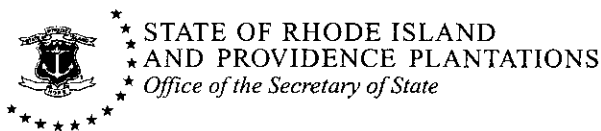


1 0 2 3 0 1

102301 DLLC 09/26/03 02:41:18 PM	
File Date	10/22/03
Check No.	2157
By:	
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.

Signature of Authorized Person
10/6/03
Date
Peter L. Karlson
Print or Type 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 TYPED OR PRINTED IN BLACK)

1. ID No. 102301		2. Exact name of the limited liability company THE KARLSON FAMILY LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE.			
5. Principal office address 289 Sleepy Hollow Farm Rd.		City Warwick	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Peter L. Karlson, trustee		Contact Title Member			
Street Address 289 Sleepy Hollow Farm Rd.		City Warwick	State RI	Zip 02886	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (SEE BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. 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
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name PASTER & HARPOOTIAN, LTD.		Address			
Address ONE PROVIDENCE WASHINGTON PLAZA		City PROVIDENCE	Zip 02903		

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



* 1 0 2 3 0 1 *

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 10/17/02
Signature of Authorized Person Trustee Date

Peter L. Karlson, trustee/Member

Print or Type Name of Authorized Person

File Date	10-16-02
Check No.	1888
By:	<u>dc</u>
FOR SECRETARY OF STATE USE ONLY	

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 2001

1. The name of the limited liability company is:

THE KARLSON FAMILY LLC

2. The address of the principal office of the limited liability company is:
289 Sleepy Hollow Farm Road, Warwick, RI 02886

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

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 liability company and the name or title of a person to whom communications may be directed are:
Peter L. Karlson, trustee
289 Sleepy Hollow Farm Road, Warwick, RI 02886

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state:
Purchase, sale, and management of real and/or personal property

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address

Dated 10/25/01 ✓



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

By Peter L. Karlson ✓

Trustee/Member

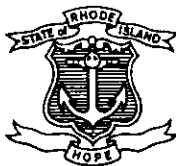
Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10.29.01</u>
Check No.:	<u>1661</u>
By:	<u> </u>

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

- 1. The name of the limited liability company is:**

THE KARLSON FAMILY LLC

- 2. The address of the principal office of the limited liability company is:**

289 Sleepy Hollow Farm Road, Warwick, RI 02886

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

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 liability company and the name or title of a person to whom communications may be directed are: Peter A. Karlson, trustee

289 Sleepy Hollow Farm Road, Warwick, RI 02886

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Purchase, sale, and management of real and/or personal property

- [illegible]

Dated 10/4/00



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

By

Trustee/Member

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date: 10/6/28 60

Check No.: 1477

By:

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 LL 102301

Annual Report for the year 1999

1. The name of the limited liability company 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. 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 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 the business in which the limited liability company is actually engaged in this state: Purchase, Sale and Management of Real and/or Personal Property

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
_____	_____
_____	_____
_____	_____

Dated Oct. 28, 1999



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

By Gloria A. Karlson

Trustee/Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

NOV 01 1999

Check No.:

SEC'Y OF STATE

By: