



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. <b>105001</b>		2. Exact name of the limited liability company <b>SKI-PAR REALTY, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>ACQUIRE, OWN, HOLD, DEVELOP, MORTGAGE, SELL, LEASE OR OTHERWISE TRANSFER OR DISPOSE OF REAL ESTATE.</b>	
5. Principal office address <b>133 Old Tower Hill Road</b>		City <b>Wakefield</b>	State <b>RI</b>
		Zip <b>02879</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Michael Rand</b>		Contact Title <b>Member/Manager</b>	
Street Address <b>198 Indian Trail</b>		City <b>Narragansett</b>	State <b>RI</b>
		Zip <b>02882</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name <b>Michael Rand</b>		Manager Name <b>David C. Baud</b>	
Street Address <b>198 Indian Trail</b>		Street Address <b>57 Winchester Drive</b>	
City <b>Narragansett</b>	State <b>RI</b>	City <b>Wakefield</b>	State <b>RI</b>
Zip <b>02882</b>		Zip <b>02879</b>	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>STEPHEN B. KENYON</b>		Address	
Address <b>133 OLD TOWER HILL ROAD</b>		City <b>WAKEFIELD</b>	Zip <b>02879</b>

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



File Date	<b>9/19/05</b>	*105001*
Check No.	<b>3001</b>	
By:	<b>A</b>	
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.

*Michael Rand*  
Signature of Authorized Person      Date **9/19/05**

**Michael Rand**  
Print or Type Name of Authorized Person



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**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. <b>105001</b>		2. Exact name of the limited liability company <b>SKILPAR REALTY, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>ACQUIRE, OWN, HOLD, DEVELOP, MORTGAGE, SELL, LEASE OR OTHERWISE TRANSFER OR DISPOSE OF REAL ESTATE.</b>			
5. Principal office address <b>133 Old Tower Hill Road</b>		City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Michael Rand</b>			Contact Title <b>Member/Manager</b>		
Street Address <b>198 Indian Trail</b>		City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name <b>Michael Rand</b>			Manager Name <b>David C. BAud</b>		
Street Address <b>198 Indian Trail</b>		Street Address <b>57 Winchester Drive</b>			
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02882</b>
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 <b>STEPHEN B. KENYON</b>			Address		
Address <b>133 OLD TOWER HILL ROAD</b>		City <b>WAKEFIELD</b>	Zip <b>02879</b>		

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



\* 1 0 5 0 0 1 \*

File Date	<b>9/17/04</b>
Check No.	<b>2817</b>
By:	<b>DA</b>
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]* **9/13/04**  
Signature of Authorized Person  
**MEMBER**  
**Michael Rand**  
Print or Type Name of Authorized Person



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 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. <b>105001</b>		2. Exact name of the limited liability company <b>SKI-PAR REALTY, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>ACQUIRE, OWN, HOLD, DEVELOP, MORTGAGE, SELL, LEASE OR OTHERWISE TRANSFER OR DISPOSE OF REAL ESTATE.</b>	
5. Principal office address		City	State
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <b>Michael Rand</b>		Contact Title <b>Member/Manager</b>	Zip
Street Address <b>198 Indian Trail</b>		City <b>Narragansett</b>	State <b>RI</b>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name <b>Michael Rand</b>		Manager Name <b>David C. Baud</b>	
Street Address <b>198 Indian Trail</b>		Street Address <b>57 Winchester Drive</b>	
City <b>Narragansett</b>	State <b>RI</b>	City <b>Wakefield</b>	State <b>RI</b>
Zip <b>02882</b>		Zip <b>02879</b>	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name <b>STEPHEN B. KENYON</b>		Address	
Address <b>133 OLD TOWER HILL ROAD</b>		City <b>WAKEFIELD</b>	Zip <b>02879</b>

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



\* 1 0 5 0 0 1 \*

File Date 9-26-03  
 Check No. 2640  
 By: [Signature]  
 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] 9/22/03  
 Signature of Authorized Person Date  
**MICHAEL RAND**  
 Print or Type Name of Authorized Person



# 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. <b>105001</b>		2. Exact name of the limited liability company <b>SKI-PAR REALTY, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>ACQUIRE, OWN, HOLD, DEVELOP, MORTGAGE, SELL, LEASE OR OTHERWISE TRANSFER OR DISPOSE OF REAL ESTATE.</b>			
5. Principal office address <b>133 Old Tower Hill Road</b>		City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>Michael Rand</b>		Contact Title <b>Member/Manager</b>			
Street Address <b>198 Indian Trail</b>		City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE</b> <small>WITH SPACES BEFORE USING ATTACHMENTS TO FORMS FOR APPLICABLE ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT R.I.G.L. 7-16-12(a)(2) 7-16-52</small>					
Manager Name <b>Michael Rand</b>		Manager Name <b>David C. Baud</b>			
Street Address <b>198 Indian Trail</b>		Street Address <b>57 Winchester Drive</b>			
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11</b>					
Agent Name <b>STEPHEN B. KENYON</b>		Address			
Address <b>133 OLD TOWER HILL ROAD</b>		City <b>WAKEFIELD</b>	Zip <b>02879</b>		

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



\* 1 0 5 0 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.

*Michael Rand* member  
Signature of Authorized Person Date 9/1/02

**MICHAEL RAND MEMBER**  
Print or Type Name of Authorized Person

File Date	<b>10.1.02</b>
Check No.	<b>2464</b>
By:	<i>Michael Rand</i>
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 DLIC 105001

Annual Report for the year 2001

- The name of the limited liability company is:  
SKI-PAR REALTY, LLC
- The address of the principal office of the limited liability company is:  
133 Old Tower Hill Road, Wakefield, RI 02879
- The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
- The name and address of its resident agent is: STEPHEN B. KENYON  
133 OLD TOWER HILL ROAD WAKEFIELD RI 02879
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Stephen B. Kenyon  
133 Old Tower Hill Road, Wakefield, RI 02879
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Acquire, own, hold, develop, mortgage, sell, lease, or otherwise transfer or dispose of real estate
- If the limited liability company has managers, the name and address of each manager of the limited liability company
 

Name	Address
<u>Michael Rand</u>	<u>198 Indian Trail, Narragansett, RI 02882</u>
<u>David C. Baud</u>	<u>57 Winchester Drive, Wakefield, RI 02879</u>

Dated September 1, 2001

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.



SKI-PAR REALTY, LLC

*Exact Name of Limited Liability Company*

By Michael Rand

MEMBER  
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-10-01</u>
Check No.:	<u>2276</u>
By:	<u>[Signature]</u>

Form No. 632  
Revised 01/99

**DETACH BOTTOM BEFORE RETURNING**

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040, or from our web site at www.state.ri.us

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 105001

Annual Report for the year 2000

1. The name of the limited liability company is:

SKI-PAR REALTY, LLC

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

133 Old Tower Hill Road, Wakefield, RI 02879

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: STEPHEN B. KENYON

133 OLD TOWER HILL ROAD WAKEFIELD RI 02879

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: Stephen B. Kenyon, Esq.

133 Old Tower Hill Road, Wakefield, RI 02879

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Acquire, own, hold, develop, mortgage, sell, lease, or otherwise transfer or dispose of real estate

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

*Name*

*Address*

Michael Rand

198 Indian Trail, Narragansett, RI 02882

David C. Baud

57 Winchester Drive, Wakefield, RI 02879

Dated September 1, 2000

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.



SKI-PAR REALTY, LLC

*Exact Name of Limited Liability Company*

By *Michael Kenyon*

MEMBER

*Title*

FOR SECRETARY OF STATE USE ONLY

File Date: 10/6

Check No.: 1961

By: *ec*