

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 COMPAN | Y ANNUAL | REPORT FO | R THE YEAR |
|---|-------------------|-----------|------------|
| Filing Period: September 1 - November 1 • Fil | ling Fee: \$50.00 | | - |

2005

| - | ember 1 - November 1 | Filing Fee: \$50.00 | | | | | | | |
|---------------------------|---|-------------------------------------|---|--------------------|-----------------------|--|--|--|--|
| 1. ID No. | D OR PRINTED IN BLACK) 2. Exact name of the limited li | iahility company | | | | | | | |
| 93702 | Wyndemere Woods, LL | | | | | | | | |
| 3. State of Formation | 4. Brief description e | of the character of the business wh | nich is actually conducted in Rhode Islan | nd | | | | | |
| RHODE ISLAND | INDEPENDENT | MASSISTED LIVING | | | | | | | |
| 5. Principal office addre | | | City | State | Zip | | | | |
| 1044 MEA | 1940 HOPE | | Woodsocket | イン | 02895 | | | | |
| 6. MAILING ADDR | ESS OF LIMITED LIABILIT | I'Y COMPANY AND NAME | OR TITLE OF CONTACT PER | SON: | | | | | |
| Contact Name | 211 | | Contact Title | - 0 | | | | | |
| Street Address | DUCHUNG | | Administra | 701 | Ţ-· | | | | |
| | udon Rond | | Doorsock&T | State 7 | 02895 | | | | |
| | | R OF THE LIMITED LIAR | . 0000 = 0 - 00 1.0 | '\ - | 102073 | | | | |
| | 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) | | | | | | | | |
| Aľ | NY MODIFICATIONS TO M | IANAGERS REQUIRES FII | ING OF AMENDMENT, R.I.G. | L. 7-16-12 (a) (2) | 7-16-52 | | | | |
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| Street Address | | λ^{-1} | Street Address | , _ | 1 | | | | |
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| Bloomfir | K State | 2 0600 Z | City AVON | State | 2ip 06.00 (| | | | |
| Manager Name | Roll | | Manager Name | | | | | | |
| Street Address | FSville 7 | bad | Street Address | | | | | | |
| Bloomfie | Eld State CT | ^{2ip} 06002 | City | State | Zip | | | | |
| | IT IN RHODE ISLAND - D | O NOT ALTER - Changes | require filing of Form 642 - | R.I.G.L. 7-16-11 | | | | | |
| Agent Name | | | Address | | | | | | |
| ROBERT E. HORTON | l, JR. | | | | | | | | |
| Address | | | City | Zip | | | | | |
| 30 SAYLES HILL ROA | AD | | MANVILLE | 0283 | 8 | | | | |
| | | | | | | | | | |

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

| File Date 9/19 | 105 | *93702* | |
|----------------|--------------|----------|--|
| Check No. | 772 | | |
| Зу: | A) | | |
| FOR SECRET | ARY 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 Author Ked Person \Date |
| ROBERT E. HORTON AR. |
| 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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

401.222.3040 2004

| Street Address Street Address City State CT O600 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name ROBERT E. HORTON, JR. | Filing Period: Septen | nber 1 - November 1 • | Filing Fee: \$50.00 | | | | | | |
|--|-----------------------|-------------------------|----------------------------------|-------------------------------------|---|--|--|--|--|
| 3. State of Formation RHODE ISLAND 4. Brief description of the character of the business which is actually conducted in Rhode Island INDEPENDENTIASSISTED LIVING 5. Principal office address 1044 Mended 2000 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name C | | | | | | | | | |
| RHODE ISLAND INDEPENDENTIASSISTED LIMING 5. Principal office address IO 44 MEN CON 2000 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: CONTACT Name CONTACT THE CONTACT | | | | | | | | | |
| RHODE ISLAND INDEPENDENT/ASSISTED LIVING 5. Principal office address 1044 Mendon 2012 Comact Name Diange Backand City Dondonocket RT Dond | 3. State of Formation | 4. Brief description of | the character of the business wh | nich is actually conducted in Rhode | : Island | | | | |
| 1044 MENDON ZOAC 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: CONTACT Name ACTIVE STREET 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 ANAMAGER Address Street Address Street Address Street Address Street Address AGAINGT Name | RHODE ISLAND | INDEPENDENT/ | ASSISTED LIVING | · | | | | | |
| 1044 MENDERS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name DIADE BACKAND Street Address 1044 MENDERS 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 Street Address Street Address 11 WARRIS ROAD Street Address 1240 City State City State City State City State City State City State City Address 11 WARRIS ROAD City State City Agent Name ROBERT E. HORTON, JR. Address City OGOO RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address 240 240 240 240 240 240 240 2 | | | | Сйу | State | Zib | | | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Name Contact Title Admin 1372470 Address City DODD 500627 RT O2850 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 Street Address Street Address Street Address 11 HARRIS ROAD Street Address City Street Address Street Address City Manager Name Address City Street Address Street Address City Street Address City Street Address City State Zip O600 City State Zip O600 City Address City State Zip O600 City State Zip O600 City State Zip O600 City State Zip O600 City Address City City State Zip O600 City Address City Zip O600 City Cit | 1044 MB | udon 2 and | | Doggan | $	au \mid \mathcal{R}$ | - | | | |
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| Street Address OHU MENDON ROAD ON STATE TO DESCRIPTION OF AMERICA STATE TO DESCRIPTION OF AMENDANCE 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 OHU BLOOM STATE CITY BLOOM STATE CITY State TARIFFULLE ROAD CITY State TARIFFULLE ROAD CITY State TO GOOD Street Address CITY State AND State TO GOOD State TO GOOD CITY State AND ACT OGOOD RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filling of Form 642 - R.I.G.L. 7-16-11 Agent Name ROBERT E. HORTON, JR. Address CITY Zap DOSANI SCHILL ROAD | DIANGE R | echanid | | | 508 | | | | |
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| ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name Manager Name Manager Name Street Address | 10 1 | | OF THE LIMITED LIAD | ירטכעעטע : | | - 105820 | | | |
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| Manager Name ARAN 18 GURCHIN Street Address City State City State City ROBERT E. HORTON, JR. Address City Address City Address City Cit | City C. | State | | City | State | | | | |
| Manager Name Street Address Street Address City AND State CT O600 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name ROBERT E. HORTON, JR. Address City City City City City City Zip Zip Zip Zip | Dloombii | E10 C1 | 06002 | -RINONSIBLE | ් | 1 06002 | | | |
| State Zip City State Zip O600 State Zip Address City State Zip | Manager Name | <u>^</u> . | | Manager Name | *************************************** | ······································ | | | |
| State Zip City State Zip O600 State Zip Address City State Zip | -JEANNB | GURCHIN | | | | | | | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address ROBERT E. HORTON, JR. Address City Zip | Street Address | 5 | | Street Address | | | | | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address ROBERT E. HORTON, JR. Address City Zip | 11 HARRIS | 5 MOND | | | | | | | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name ROBERT E. HORTON, JR. Address City Zip | City | State | | City | State | Zip | | | |
| Address ROBERT E. HORTON, JR. Address City Zip | | TOI | 0600 | | | - | | | |
| ROBERT E. HORTON, JR. Address City Zip | | IN RHODE ISLAND - DO | NOT ALTER - Changes | require filing of Form 64 | í2 - R.I.G.L. 7-1 | 16-11 | | | |
| Address City Zip | - | | | Address | | | | | |
| 20 SAVI ES HILL BOAD | ROBERT E. HORYON, | JR. | | | | | | | |
| 20 CAVI EC UILL DOAD | Address | | | City | | 7in | | | |
| 02030 | 30 SAYLES HILL ROAL |) | | | | _ | | | |
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

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| File Date _ | 10/14/04 | |
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| FO | R SECRETARY OF STATE | E USE ONLY |

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| Under penalty of perjury, I declare and affirm that I hat including any accompanying schedules and statements | ve examined this report |
| contained herein are true indicorrect. | , and that all statements |
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| 11 15 · 11 1/2 · 9. | 9-04 |
| Signature of Authorized Person Date | - |
| RoberTE. Hoston Jo. | |
| Print or Type Name of Authorized Person | ~- . |
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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

2003

| 1. ID No. | 2. Exact | eact name of the limited liability company | | | | | | |
|--|----------------|--|--------------------------------|--|---|-------------|--|--|
| 93702 | 1 | Wyndemere Woods, LLC | | | | | | |
| 3. State of Forma | tion | 4. Brief description of | f the character of the busines | s which is actually conducted in Rhode i | Island | | | |
| RHODE ISLAND INDEPENDENT/ASSISTED LIVING | | | | | | | | |
| . Principal office | e address | - | | City | State | Zip | | |
| . MAILING A | DDRESS OF LI | MITED LIABILIT | Y COMPANY AND NA | LME OR TITLE OF CONTACT P | EDSON. | | | |
| ontact Name | | | I COMPLETE MAD IVA | Contact Title | EKSON: | | | |
| DIANE | F. BACI | HAND | | | 109 | | | |
| reet Address | | | •• | City | State | Ziti | | |
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| | | | R OF THE LIMITED LI | ABILITY COMPANY, IF APPLIC | CARIF | 1 - 0 | | |
| | | FILL IN SPACE | ES BEFORE USING AT | TACHMENTS ("X" BOX FOR | ATTACHMENT) | | | |
| | ANY MODIF | FICATIONS TO M. | ANAGERS REQUIRES | FILING OF AMENDMENT, R.I. | G.L. 7-16-12 (a) (2 |) / 7-16-52 | | |
| mager Name | | | | Manager Tame | | | | |
| Diani | - CRA | a xLa xL | | | | | | |
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| reet Address | 1- 15.1 | CIFALES | | Street Address | <u> </u> | | | |
| reet Address | MENDON | RUAD | | Street Address | *************************************** | | | |
| reet Address | MENDON | Ru AD State | Zip | | State | Ziti | | |
| reet Address 1044 1 | MENDON OKET | RUAD State RI | zip 02895 | | State | Zip | | |
| | MENDON OKET | CHAND RUAD State RT | zip 02895 | | State | Zip | | |
| anager Name | MENDON OKET | RuAD State RI | 12 0 2 8 9 5 | City | State | Zip | | |
| anager Name | MENDON CKET | RuAD State R1 | zip 02895 | City | State | Zip | | |
| anager Name reet Address | | ··· | | City Manager Name Street Address | State | Zip | | |
| anager Name eet Address | | Ru AD State RI State | zip 02895 zip | City Manager Name | State State | Zip Zip | | |
| anager Name reel Address ty | | State | Zip | City Manager Name Street Address City | State | Zip | | |
| anager Name reet Address ty RESIDENT A | | State | Zip | City Manager Name Street Address City ges require filing of Form 642 | State | Zip | | |
| anager Name eet Address v RESIDENT A ent Name | AGENT IN RHO | State | Zip | City Manager Name Street Address City | State | Zip | | |
| anager Name reet Address ty RESIDENT A tent Name OBERT E. HOF | AGENT IN RHO | State | Zip | City Manager Name Street Address City ges require filing of Form 642 | State | Zip | | |
| anager Name reet Address ty RESIDENT 1 ent Name | AGENT IN RHO | State | Zip | City Manager Name Street Address City ges require filing of Form 642 | State 2 - R.I.G.L. 7-16-11 | Zip | | |

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

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| File Date | 10.8.03 | |
| Check No | 11085 | |
| Ву: | de | |

FOR SECRETARY OF STATE USE ONLY

| Under penalty of perjury, I declare and affincluding any accompanying schedules an | irm that I have examined this report distance its statements and that all statements |
|--|--|
| contained herein are true and correct | - saccines and one an autement |
| how to the hours | 9-9-03 |
| Signature of Authorized Person | Date |
| Print or Type Name of Authorized Person | <u>るい</u> |

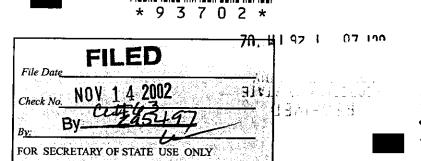


Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

| (FORM MUST BE T | | RINTED IN BLACK) | Tuing Tee. \$50.00 | | | | | |
|--|---|------------------------------------|------------------------------|-------------------------------------|--|--------------|-------------------|--|
| 1. ID No. | 2. Exact name of the limited liabilty company | | | | | | | |
| 93702 | Wynd | emere Woods, LLC | | | | | | |
| 3. State of Formation | | 4. Brief description of | the character of the busine. | ss which is actually conducted in . | Rhode Island | | | |
| RHODE ISLAND INDEPENDENT/ASSISTED LIVING | | | | | | | | |
| 5. Principal office ad | ldress | | | City | State | | Zip | |
| 1044 | MEN | DON ROA | <i>i</i>) | WOONSUCTIET | ァーズ | ~ | 02895 | |
| 6. MAILING AD | DRESS O | F LIMITED LIAB | ILITY COMPANY A | ND NAME OR TITLE OF | CONTACT | ERSON: | | |
| Contact Name | | | | Contact Title | A STATE OF THE STA | | | |
| ROBER. | T. R. | HORTON, | TR | EXECUTIVE | DIREC | たしん | | |
| Street Address | | | | City | State | | Cip O | |
| 1044 M. | | | | · LUVONSOCKEX | P. 1 | <u> </u> | 02895 | |
| 7. NAME AND AT | DRESS O | F EACH MANAGI | ER OF THE LIMITE | D LIABILITY COMPANY | AF APPLICA | BLE | | |
| · 10 表示。表示。 | # | FILL IN SPACES I | BEFORE USING ATTA | CHMENTS CX BOX FO | R ATTACHMEN | 7 0 | | |
| Manaoer Name | ANY MC | DUFFICATIONS TO MA | NAGERS REQUIRES F | ILING OF AMENDMENT. R.I.O | 5.L 7-16-12 (a) (| 2) / 7-16-52 | | |
| | مسي | | | • Manager Name | | | | |
| Digne | <u></u> | BACHAN | <u> </u> | • | | | | |
| Street Address | <u>.</u> | - 0 | | • Street Address | - | | , <u> </u> | |
| 670 | CARISO | ROUGIH ROA | δ | • | | | | |
| City | | BACHAN ROUGH ROA State RI | 02864 | *City | State | | Zip | |
| Cumber LAR Manager Name | 40 | 1.1. | 1.000 | | | | • • • • • • • • • | |
| 174714ger Traine | | | | *Manager Name | | | | |
| Street Address | | | · | Street Address | | | | |
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| City | | State | Zip | City | State | | (ip | |
| | i | e ar | | • | | | • | |
| 8. RESIDENT AGE | NT IN RH | ODE ISLAND-DO | NOT ALTER- Change | s require filing of Form | 1 642 - R.I.G.L | 7-16-11-25 | | |
| Agent Name | ALL OF ALCOHOL SEC. 11.79 | | | Address | | | | |
| ROBERT E. HORTO | N, JR. | | | | | | 4 | |
| Address | | | | City | | Zip | | |
| 30 SAYLES HILL ROAD | | | | MANVILLE | | 02838 | | |
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This report must be signed in ink by an authorized person pursuant to 7-16-66.



Under penalty of perjury, I neclare 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 Perion

Print or Type Name of Authorized Person

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 93 | 702 |
|-------------------|-----|

| ID | Number DLLC 93702 | Annual Report for the year 2001 |
|--------|--|---|
| 1. | The name of the limited liability compar | ny is: |
| | Wyndemere Woods, LLC | |
| 2. | The address of the principal office of the | |
| | 1044 MENDIN PHOL | d Woonsockst RI 02895 |
| 3. | | e laws of which it is formed is RHODE ISLAND |
| 4. | The name and address of its resident a | agent is: ROBERT E. HORTON, JR. |
| | 30 SAYLES HILL ROAD MANVILLE R | 1 02838 |
| 5. | | ted liability company and the name or title of a person to whom communications |
| | may be directed are: | 3. HORTON AR |
| | BLECUTIV | SIOTSASICE SI |
| | state: Toda 03 pd 3 pd 7 lf the limited liability company has mana | the business in which the limited liability company is actually engaged in this ASSISTED LIVING agers, the name and address of each manager of the limited liability company Address 1044 W3202 Rd Wedders, RI |
| File I | 9 3 7 0 2 FOR SECRETARY OF STATE USE ONLY Date: 7-27-01 k No.: //50 | 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. Exact Name of Limited Liability Company By Title Form No. 632 Powierd 04/00 |
| Ву: | 2 | Revised 01/99 |

DETACH BOTTOM BEFORE RETURNING

To be filed annually between September 1 and November 1

Form No. 632

Revised 01/99



FOR SECRETARY OF STATE USE ONLY 9/18

1097

2

File Date:

Check No .:

By:

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

| D | Number DLLC 93702 Annual Report for the year 2000 |
|----------|---|
| | The name of the limited liability company is: |
| | Wyndemere Woods, LLC |
| <u>.</u> | The address of the principal office of the limited liability company is: |
| | 1044 MENDON ROAD WOODSOCKET PI 02895 |
| 3. | The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND |
| ŀ. | The name and address of its resident agent is: ROBERT E. HORTON, JR. |
| | 30 SAYLES HILL ROAD MANVILLE RI 02838 |
| 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: 1044 Mendon Road WoodsockieT, RI 02895 |
| | ROBERT E. HORTON, JR. BX32UTIVE DIRECTOR |
| 3. | A brief statement of the character of the business in which the limited liability company is actually engaged in this |
| | STUBE TUDGERD ASSISTED LIVING PRESIDENTS |
| 7. | If the limited liability company has managers, the name and address of each manager of the limited liability company Name Address |
| | Kothy Showskaw 27 Hound Hill Road |
| | Administrator NORTH Smithfield RI 02896 |
| | |
| ٦. | ed 5 Parker 6, Zooo Under penalty of perjury, I declare and affirm that I have examined this |
| Ja | report, including any accompanying schedules and statements, and |
| | that all statements contained herein are true and correct. |

By:

To be filed annually between September 1 and November 1

Revised 01/99



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 <u>LL 93702</u> | Annual Report for the year 1999 | | |
| 1. The name of the limited liability comp | pany is: | | |
| Wyndernere Woods, LLCThe address of the principal office of | f the limited liability company is: | | |
| _ | nd Doodsockiet RI ozego | | |
| 3. The state or other jurisdiction under | the laws of which it is formed is RHODE ISLAND | | |
| 4. The name and address of its residen | nt agent is: ROBERT E. HORTON, JR. | | |
| 30 SAYLES HILL ROAD MANVILLE | E, RI 02838 | | |
| | mited liability company and the name or title of a person to whom communications | | |
| | ENGOR ROAD DOONSDEKETRIOZ895 | | |
| Robbet B. Horton | J. JR. BRECUTIVE DIRECTURE | | |
| | of the business in which the limited liability company is actually engaged in this | | |
| state: Indispisodent v | nd Assisted Living Facility | | |
| Name | anagers, the name and address of each manager of the limited liability company Address | | |
| ROBERT E. HORDY, JR, DIRA | SEAR 30 SAY 185 HILL ROAD MANNILLE RIOZESP SEARCE 1044 MUZUELON RUAD WOONSOCKET, RI 02595 | | |
| KATHIRBU SANTEAU, Adminis | SEATUR 1044 MIZULIN RUND WOODSOCKET, RI 02895 | | |
| | | | |
| Dated SEPTEMBER 13, 1999 | | | |
| | report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. | | |
| | Wyodenses Woods LLC | | |
| . , 3 , 0 2 , | Exact Name of Limited Liability Company | | |
| File Date: 4_24-99 | By Arha To. Katan fr. | | |
| Check No.: 1047 | Executive Diglecture Title | | |
| - Aim C | Form No. 632 | | |

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

| LIMITED LIABILITY COMPANY | | | | |
|---------------------------|---|--|--|--|
| ID | Number LL 93702 Annual Report for the year 1998 | | | |
| 1. | The name of the limited liability company is: | | | |
| | Wyndemere Woods, LLC | | | |
| 2. | The address of the principal office of the limited liability company is: | | | |
| | 1044 MRUDON ROAD WOODSOCKET RIOZESS | | | |
| 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: ROBERT E. HORTON, JR. | | | |
| | 30 SAYLES HILL ROAD MANVILLE, RI 02838 | | | |
| 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: 10414 Mandon Road Woodsackie Records | | | |
| | Robbert E. HORTON TR. EXECUTIVE DIRECTOR | | | |
| 6. | A brief statement of the character of the business in which the limited liability company is actually engaged in this | | | |
| | state: Indiposit living And Assisted living religion Apariminals | | | |
| 7. | If the limited liability company has managers, the name and address of each manager of the limited liability company **Name** Address** | | | |
| | RAYMOND ROY 56 DUNCASTRE RE. Bloomfield CT. 0600 | | | |
| • | DOUALD ROY 11 TARIFFUILLE Rd. Bloomfield CT. 0600 2 | | | |
| • | HEADUS GURCHIN 11 HARRIS ROAD AVON, CT. 06001 | | | |
| Date | 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. | | | |
| ile I | * 9 3 7 0 2 * OR SECRETARY OF STATE USE ONLY Date: //- 9-98 S No.: 5/86 By State State Use on Ly By State State State Use On Ly By State | | | |
| ву: | ALDON EXPONTANTE DIRECTOR | | | |
| | Title U | | | |