



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. 93703		2. Exact name of the limited liability company Four Horsemen Realty, 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 10 NATE WHIPPLE HIGHWAY		City CUMBERLAND	State RI	Zip 02864	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name PETER D. CONWAY		Contact Title MEMBER			
Street Address 10 NATE WHIPPLE HIGHWAY		City CUMBERLAND	State RI	Zip 02864	
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE</b> FILE 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 NONE		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
<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 GERALD PARASCANDOLO, ESQ.		Address 121 SOUTH MAIN STREET			
Address BROWN RUDNICK BERLACK ISRAELS LLP		City PROVIDENCE	Zip 02903		

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



9 3 7 0 3

File Date	9/27/05
Check No.	10818
By:	<i>[Signature]</i>
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]* 9/27/05  
Signature of Authorized Person Date

PETER D. CONWAY  
Print or Type Name of Authorized Person



**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. 93703		2. Exact name of the limited liability company Four Horsemen Realty, 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 10 NATE WHIPPLE HIGHWAY		City CUMBERLAND	State RI
		Zip 02864	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>			
Contact Name PETER D. CONWAY		Contact Title MEMBER	
Street Address 10 NATE WHIPPLE HIGHWAY		City CUMBERLAND	State RI
		Zip 02864	
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE</b> 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 NONE		*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
<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 GERALD PARASCANDOLO, ESQ.		Address 121 SOUTH MAIN STREET	
Address BROWN RUDNICK BERLACK ISRAELS LLP		City PROVIDENCE	Zip 02903

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



9 3 7 0 3

\*93703 DLLC 09/11/03 10:45:55 AM\*

File Date 10-18-04

Check No. 10697

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] 10/15/04  
Signature of Authorized Person Date

**PETER D. CONWAY**  
Print or Type Name of Authorized Person



**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. 93703		2. Exact name of the limited liability company Four Horsemen Realty, 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 10 NATE WHIPPLE HIGHWAY		City CUMBERLAND	State RI Zip 02864
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>			
Contact Name PETER D. CONWAY		Contact Title MEMBER	
Street Address 10 NATE WHIPPLE HIGHWAY		City CUMBERLAND	State RI Zip 02864
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE</b> 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 NONE		*Manager Name .	
Street Address		*Street Address .	
City	State	Zip	*City .
*Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City .
<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 GERALD PARASCANDOLO, ESQ.		Address 121 SOUTH MAIN STREET	
Address BROWN RUDNICK BERLACK ISRAELS LLP		City PROVIDENCE	Zip 02903

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



9 3 7 0 3

\*93703 DLLC 09/11/03 10:45:55 AM\*

File Date 9/23/03

Check No. 1575

By: KMC

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 D. Conway 9/22/03  
Signature of Authorized Person Date

**PETER D. CONWAY**  
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. 93703		2. Exact name of the limited liability company Four Horsemen Realty, 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 10 Nate Whipple Highway			City Cumberland	State RI	Zip 02864
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name Peter D. Conway			Contact Title Vice President		
Street Address 10 Nate Whipple Highway			City Cumberland	State RI	Zip 02864
<b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE</b> FILL IN SPACES BEFORE USING ATTACHMENTS (BY 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 None			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
<b>8. RESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filing of Form 642 (R.I.G.L. 7-16-1)</b>					
Agent Name GERALD PARASCANDOLO, ESQ.			Address BROWN RUDNICK BERLACK ISRAELS LLP		
Address 121 SOUTH MAIN STREET			City PROVIDENCE	Zip 02903	

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



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.

File Date: 10/11/02  
Check No.: 10432  
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature] 10/4/02  
Signature of Authorized Person Date  
Peter D. Conway  
Print or Type Name of Authorized Person

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 93703

Annual Report for the year 2001

1. The name of the limited liability company is:

Four Horsemen Realty, LLC

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

10 Nate Whipple Highway, Cumberland, RI 02864

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: GERALD PARASCANDOLO

BROWN RUDNICK FREED & GESMER 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 D. Conway

10 Nate Whipple Highway, Cumberland, RI 02864

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: real estate company

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

*Name*

*Address*

None

Dated 8/28/01

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.



Four Horsemen Realty, LLC

*Exact Name of Limited Liability Company*

By Peter D. Conway

Vice President

*Title*

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-17-01</u>
Check No.:	<u>10302</u>
By:	<u>AMF</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](http://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 93703

Annual Report for the year 2000

1. The name of the limited liability company is:

Four Horsemen Realty, LLC

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

10 Nate Whipple Highway, Cumberland, RI 02864

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: GERALD PARASCANDOLO

BROWN RUDNICK FREED & GESMER 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 D. Conway

10 Nate Whipple Highway, Cumberland, RI 02864

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: real estate company

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

*Name*

*Address*

None

Dated 9/15/00

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.



Four Horsemen Realty, LLC

*Exact Name of Limited Liability Company*

By Peter D. Conway

Vice President

*Title*

FOR SECRETARY OF STATE USE ONLY	
File Date:	<b>FILED</b>
Check No.:	SEP 18 2000
By:	cc 7404

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 93703

Annual Report for the year 1999

- The name of the limited liability company is:  
Four Horsemen Realty, LLC
  - The address of the principal office of the limited liability company is:  
10 Nate Whipple Highway, Cumberland, RI 02864
  - 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: GERALD PARASCANDOLO  
BROWN RUDNICK FREED & GESMER 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 may be directed are: Peter D. Conway  
10 Nate Whipple Highway, Cumberland, RI 02864
  - A brief statement of the character of the business in which the limited liability company is actually engaged in this state: real estate company
  - If the limited liability company has managers, the name and address of each manager of the limited liability company
- | Name  | Address |
|-------|---------|
| _____ | _____   |
| _____ | _____   |
| _____ | _____   |

Dated 9/17/99

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.



Four Horsemen Realty, LLC  
Exact Name of Limited Liability Company

**FILED**  
FOR SECRETARY OF STATE USE ONLY  
File Date: **SEP 20 1999**  
Check No.: 1392  
By: CC 1392

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.

Peter D. Conway  
Member  
Title

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 93703

Annual Report for the year 1998

1. The name of the limited liability company is:

Four Horsemen Realty, LLC

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

10 Nate Whipple Highway, Cumberland, RI 02864

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: GERALD PARASCANDOLO

BROWN RUDNICK FREED & GESMER 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: \_\_\_\_\_

10 Nate Whipple Highway, Cumberland, RI 02864 Attn: Peter D. Conway

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: real estate company

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

*Name*

*Address*

Dated September 22, 19 98



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.

Four Horsemen Realty, LLC

*Exact Name of Limited Liability Company*

By Peter D. Conway

*Member*

*Title*

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9/25/98</u>
Check No.:	<u>1296</u>
By:	<u>[Signature]</u>

Form No. LLC-19  
Revised 8/97