



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. 12105		2. Exact name of the limited liability company Fraud Farm, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP, OPERATION AND MANAGEMENT OF REAL ESTATE	
5. Principal office address 31 AMERICAS CUP AVE.		City NEWPORT	State RI
			Zip 02840-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name EDWARD B CORCORAN		Contact Title	
Street Address 31 AMERICAS CUP AVE.		City NEWPORT	State RI
			Zip 02840-
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		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 EDWARD B. CORCORAN, ESQ.		Address 31 AMERICA'S CUP AVENUE	
Address		City NEWPORT	Zip 02840-

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



FILED

File Date AUG 19 2005
Check No. By M71954
By: CSA
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.

Jason M. Peckham 8-15-05
Signature of Authorized Person Date
Jason M. Peckham, Member
Print or Type Name of Authorized Person

05 AUG 19 2005 07



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. 112105		2. Exact name of the limited liability company Fraud Farm, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP, OPERATION AND MANAGEMENT OF REAL ESTATE	
5. Principal office address 31 AMERICAS CUP AVE.		City NEWPORT	State RI
			Zip 02840-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name EDWARD B CORCORAN		Contact Title	
Street Address 31 AMERICAS CUP AVE.		City NEWPORT	State RI
			Zip 02840-
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		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.I. 7-16-11			
Agent Name EDWARD B. CORCORAN, ESQ.		Address 31 AMERICA'S CUP AVENUE	
Address		City NEWPORT	Zip 02840-

05 AUG 19 11:07

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



1 1 2 1 0 5

112105 DLLC 09/09/04 10:20:51 AM

FILED

File Date _____

Check No. **AUG 19 2005**

By: **BY M 74954**

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.

Jason M. Peckham 8-1

Signature of Authorized Person Date

Jason M. Peckham, Member

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. 112105		2. Exact name of the limited liability company Fraud Farm, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP, OPERATION AND MANAGEMENT OF REAL ESTATE	
5. Principal office address 31 AMERICAS CUP AVE.		City NEWPORT	State RI
Zip 02840-			
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Edward B. Corcoran		Contact Title	
Street Address 31 AMERICAS CUP AVE.		City NEWPORT	State RI
Zip 02840-			
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		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
*Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
State		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 EDWARD B. CORCORAN, ESQ.		Address 31 AMERICA'S CUP AVENUE	
Address		City NEWPORT	Zip 02840-

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



1 1 2 1 0 5

FILED

112105 DLLC 10/01/03 08:56:20 AM

File Date OCT 10 2003

Check No. By M 11636 GAO

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.

Jason M. Peckham 10-5-03
Signature of Authorized Person Date

Jason M. Peckham, Member
Print or Type Name of Authorized Person



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

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. *112105*		2. Exact name of the limited liability company Fraud Farm, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP, OPERATION AND MANAGEMENT OF REAL ESTATE	
5. Principal office address 31 AMERICAS CUP AVE.		City NEWPORT	State RI
			Zip 02840-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Jason M. Peckham		Contact Title Member	
Street Address Pond Bridge Road		City Tiverton	State RI
			Zip 02878
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 (b) (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 EDWARD B. CORCORAN, ESQ.		Address 31 AMERICA'S CUP AVENUE	
Address		City NEWPORT	Zip 02840-

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



FILED

112105 8/28/02 02:23 PM
File Date: OCT 10 2003
Check No. By 111636 GMM
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.

Jason M. Peckham - 10-5-03
Signature of Authorized Person Date
JASON M. PECKHAM MEMBER
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 112105

Annual Report for the year 2001

1. The name of the limited liability company is:

Fraud Farm, LLC

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

31 America's Cup Avenue, Newport, Rhode Island 02840

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: EDWARD B. CORCORAN, ESQ.

31 AMERICA'S CUP AVENUE NEWPORT RI 02840-

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: 31 America's Cup Avenue, Newport, RI 02840

Attention: Edward B. Corcoran

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: ownership, operation and management 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

Dated September 14 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.



Fraud Farm, LLC

Exact Name of Limited Liability Company

By Jason M. Peckham
Jason M. Peckham, Member

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-18-01</u>
Check No.:	<u>2049</u>
By:	<u>jc</u>

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