

Matthew A. Brown, Secretary of State Corporations Division 148 W. River Street, Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2006

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

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1. ID No. 100607		nume of the limited liabiliy company HOOSE FARM, LLC					
3. State of Formation 4. Brief description of the character of the business			which is actually conducted in Rhode Island				
RHODE ISLAND OWN, OPERATE AND MANAGE REAL ES				TATE			
5. Principal office addres	SS	<u> </u>		City	State		Zip
22 BEECHWOOD I	DRIVE			WARWICK	RI		02889
6 MAILING AD DR	ESS Q	FEMITED PARI	HITY COMPANY AN	DNAME OR THE PREC	NIAGI PE	RSON	
Contact Name STEPHANIE D. C	,,,, DDL	,		Contact Title			
	HAFEE	<u> </u>		.Manager			
Street Address	a			City	State		Zip
366 VICTORY HI		ent complete beginness (2000 complete per particular de la completa del completa de la completa de la completa del completa de la completa del la completa del la completa de la completa del la completa de la completa del la completa d		. EXETER	RI	TOTAL CONTRACTOR OF THE STREET	02822 .
7 NAME AND ADD	RESS	OF FACH MANAG	EROFTHELIMIT	DLIABILITY COMPANY.	IF APPLIC	ABLE	
		FILL INSPACES	BEFORE USING ATTAC	HMINTS TO (XTBOX FOR ATT	ACHMENT)		
	ANY M	DEFICATIONS TO MA		DELABIET DECOMPANY, IF APPLICABLE HMENTS = GYTBOX FOR ATTACHMENT) [] ING OF AMENDMENT, R.I.G. (27:16-12 (a) (2) 7:16-52			
Manager Name				• Manager Name			
Stephanie D. C	hafee'	!		•			
Street Address				• Street Address			
366 Victory Hi	ghway			•			
City		State		*City	State		Zip
Exeter		RI	02822				
Manager Name				Manager Name			
Street Address				•Street Address			
City		State	Zip	City	State		Zip
(-1,7)			Lip 	•	June		
8 RESIDENTAGENTINRHODE ISUAND DO NOTALTER Change Frequire filing of Form 642 RIGUS-18-11							
ANDREW W. DAVIS, ESQ.				101 DYER STREET			
Address				City Zip			
THE OWEN BUILDING			PROVIDENCE 02903:				
				<u> </u>		;	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



100607 DLLC 07/12/06 03:54:57 PM
File Date 10 - 4-06
Check No. 1122
By: Mnc
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 9.14.0U

Stephanie D. Chafee Print or Type Name of Authorized Person

Form 632 Rev. 12/05



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

(FORM MUST BE TYPE			1 ming 1 ce. \$30.00				
1. ID No. 100607	2. Exact	name of the limited liabilty company HOOSE FARM, LLC					
3. State of Formation	•	4. Brief description of	the character of the business	t which is actually conduc	cted in Rhode Island		
RHODE ISLAND OWN, OPERATE AND MANAGE REAL				STATE			
5. Principal office address 22 BEECHWOOD DRIVE				City WARWICK	State RI	<i>Zi</i> _i	p 2889
6. MAILING ADD	ESS O	F LIMITED LIAB	ILITY COMPANY AN	D NAME OR TITI	E OF CONTACT P	ERSON:	
Contact Name STEPHANIE D. (CHAFEE			Contact Title Manager	· · · · · · · · · · · · · · · · · · ·		
Street Address				City	State	Zij	7
366 Victory Hi	ghway			.Exeter	RI	0	2822
Manager Name		DDIFICATIONS TO M	BEFORE USING ATTA ANAGERS REQUIRES FI	·	X FOR ATTACHMENT) I. R.I.G.L 7-16-12 (a) (2		
Stephanie D. C	naree			Street Address			
	ahway			*Sireel Address*			
366 Victory Hi	gnway	State	Zip	*City	State	Zi	
Exeter		RI	02822	·		[27]	,
Manager Name	• • • •	177		Manager Name			• • • • • • • •
Street Address				*Street Address			
City		State	Zip	,City	State	Zi	p
8. RESIDENT AGEN Agent Name	T IN RI	IODE ISLAND -DO	NOT ALTER- Change	s require filing of	Form 642 - R.I.G.L	. 7-16-11	
ANDREW W. DAV	/IS, ES	Q.		101 DYER STR	EET		
Address				City	Zip		
THE OWEN BUILDING				PROVIDENCE 02903			
						_	

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



100607 DLLC 07/06/04 04:23:03 PM
File Date 4-29-05
Check No. 883
By: Am F
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

Stephanie D. Chafee

Print or Type Name of Authorized Person



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) I. ID No. 2. Exact name of the limited liabilty company 100607 WEE HOOSE FARM, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island OWN, OPERATE AND MANAGE REAL ESTATE RHODE ISLAND 5. Principal office address State Zip 22 BEECHWOOD DRIVE WARWICK RΙ 02889 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title STEPHANIE D. CHAFEE .Manager Street Address City State Zip 1338 Ballantrae Lane .McLean VA 22101 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 Stephanie D. Chafee Street Address · Street Address 1338 Ballantrae Lane City State Zip City State Zip McLean 22101 VA 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.L. 7-16-11 Agent Name Address ANDREW W. DAVIS, ESQ. 101 DYER STREET

PROVIDENCE

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



100607 D	LLC 07706704-64-28:03 PM
File Date	
Check No.	SEP 17 2004
	By U
FOR SECRET	ARY OF STATE USE ONLY

Address

THE OWEN BUILDING

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.

Zip

02903

Signature of Authorized Person Date

Stephanie D. Chafee Print or Type Name of Authorized Person



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

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

		INTED IN BLACK)					
<i>I. ID No.</i> *100607*		name of the limited liad					
3. State of Formation	1	· .		which is actually conducted in	n Rhode Island		
RHODE ISLAND		OWN OPERATE AN	D MANAGE REAL ES	TATE			
5. Principal office addi	ress	<u> </u>		City	State	Zip	
22 BEECHWOOD				WARWICK	RI	02889	
, MAILING ADD	RESS O	F LIMITED LIAB	LITY COMPANY AN	D NAME OR TITLE	OF CONTACT PI	ERSON:	
ontact Name TEPHANIE D C	CHAFFEE	3		Contact Title MGR			
treet Address				City	State	Zip	
338 Ballantr				.McLean	VA	22101	
······································		FILL IN SPACES	BEFORE USING ATTAC	LING OF AMENDMENT. R.	OR ATTACHMENT)		
anager Name				• Manager Name			
tephanie D.	Chafee	<u>. </u>		Street Address			
<i>treet Address</i> .338 Ballantr	ego Tam	16		* Sireel Address			
ity	ac ual	State	Zip	• City	State	Zip	
cLean		VA	22101	• •		j .	
anager Name	• • • •			Manager Name			
reet Address				•Street Address			
lity		State	Zip	City	State	Zip	
	NT IN RI	HODE ISLAND -DO	NOT ALTER- Change	s require filing of Fo	rm 642 - R.I.G.L.	. 7-16-11	
gent Name	VIC FO	0		Address 101 DYER STREET			
ANDREW W. DA	VIS, ES	<u>u.</u>		City		Zip	
ddress	DIVO			'			
THE OWEN BUIL	DING			PROVIDENCE	PROVIDENCE 02903		
his report must b	e signed	in ink by an auth	orized person pursua	ant to 7-16-66.			
*100607 DLLC6	* 1 0	0 6 0 7 *		this report, including	any accompanying	affirm that I have examined g schedules and statements, are true and correct.	
File DateCheck NoS	P 18	-2903		Signature of Authorize	/	JU 4.10.03	
By: By FOR SECRETARY	FSTATE	40)	†	Stephanie D		Form 637 Pe	



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

MITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

(FORM MUST BE TYPE	ED OR PRINTED I	N BLACK)	,,,,,,				
1. ID No. *100607*		2. Exact name of the limited liabilty company WEE HOOSE FARM, LLC					
+-	I				<u> </u>		
3. State of Formation	OWN O	escription of the character of the PERATE AND MANAGE RE	business which is actually conduct AL ESTATE	ed in Rhode Island			
RHODE ISLAND							
5. Principal office addre			City	State	Zip		
22 BEECHWOOD	DRIVE		WARWICK	RI	00000		
	RESS OF LIMI	TED LIABILITY COMPA	NY AND NAME OR TITL	E OF CONTACT P	ERSON:		
Contact Name STEPHANIE D C			Contact Title				
	HAFFEE		MGR				
Street Address			City	State	Zip		
22 BERCHWOOD I			. WARWICK	RI	02889		
7. NAME AND ADI			LIMITED LIABILITY CO				
Í		IN SPACES BEFORE USING		(FOR ATTACHMENT)	_		
	ANY MODIFICAT	IONS TO MANAGERS REQU	IRES FILING OF AMENDMENT	. R.I.G.L 7-16-12 (a) (2	1) / 7-16-52		
Manager Name			•Manager Name				
Stephanie D. (Chafee		•	•			
Street Address			• Street Address				
1338 Ballantra	ae Lane		•				
City	State	Zip	•City	State	Zip		
McLean	VA	22101		į			
Manager Name		• • • • • • • • • • • • • • • • • • • •	Manager Name				
			<u> </u>				
Street Address			•Street Address				
City	State	Zip	City	State	Zip		
i postova i can	(min proper				<u> </u>		
Agent Name	I IN RHODE IS	LAND -DO NOT ALIER- CI	nanges require filing of	Form 642 - RIGL	. 7-16-11		
۱ ۳	#6 E60						
ANDREW W. DA	/15, ESQ.			101 DYER STREET			
Address			City		Zip		
THE OWEN BUILD	DING	•	PROVIDENCE	PROVIDENCE 02903			

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

	* 1 0 0 6 0 7 *
100607 D	LLC8/2/0212:44:45 PM
File Date	9-16-02
Check No.	269
By:	AMF

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.

Date

Signature of Authorized Person Stephanie D. Chafee

Print or Type Name of Authorized Person

Form 632 Rev. 6/02

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 100607 Annual Report for the year 2001 1. The name of the limited liability company is: WEE HOOSE FARM, LLC 2. The address of the principal office of the limited liability company is: 22 Beechwood Drive, Warwick, Rhode Island 02889 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: ANDREW W. DAVIS, ESQ. 1420 HOSPITAL TRUST TOWER 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 Stephanie D. Chafee, 22 Beechwood Drive, Warwick, Rhode Island 02889 6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: own, operate and manage real estate and any and all business incidental thereto. 7. If the limited liability company has managers, the name and address of each manager of the limited liability company Name Address 1338 Ballantrae Lane, McLean, Virginia 22101 Chafee Dated that all statements contained herein are true and correct. WEE HOOSE FARM. LLC Exact Name of Limited Liability Company_.

FOR SECRETARY OF STATE USE ONLY File Date: //_/-/

Check No.: 83/

By:

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Stephanie D. Chafee,

Form No. 632 Revised 01/99 Filing Fee: \$50.00

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 DLLC 100607	Annual Report for the year 2000				
1. The name of the limited liability company is:						
	WEE HOOSE FARM, LLC					
2.	The address of the principal office of the limited liability company is:					
	22 Beechwood Drive, Warwick	Rhode Island 02889				
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	tagentis: ANDREW W. DAVIS, ESQ.				
	1420 HOSPITAL TRUST TOWER P	ROVIDENCE RI 02903				
5.	The current mailing address of the lir	mited liability company and the name or title of a person to whom communications				
	may be directed are: Stephanie D	. Chafee, 22 Beechwood Drive, Warwick, RI 02889				
	state: own, operate and mana	of the business in which the limited liability company is actually engaged in this ge real estate and any and all business incidental thereto anagers, the name and address of each manager of the limited liability company Address				
	Stephanie D. Chafee	22 Beechwood Drive, Warwick, RT 02889				
Da	ted 9-14-00	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. WEE HOOSE FARM, LLC Exact Name of Limited Liability Company				
ile	FOR SECRETARY OF STATE USE ONLY Date:	By Stephani y Chape				
Che	CK NoSEP 1 9 2000	Stephanie D. Chafee, Manager Tite				
	\mathbf{n}_{i} , \mathbf{r}_{i} , \mathbf{n}_{i} , \mathbf{n}_{i} , \mathbf{n}_{i}	Form No. 632				

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-

	L	IMITED LIABILITY COMPANY				
ID	Number <u>LL 100607</u>	Annual Report for the year 1999				
1.	The name of the limited liability compan	y is:				
2.	e limited liability company is: Rhode Island 02889					
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: ANDREW W. DAVIS, ESQ. 1420 HOSPITAL TRUST TOWER PROVIDENCE, RI 02903					
5.		ed liability company and the name or title of a person to whom communications Chafee, 22 Beechwood Drive, Warwick, RI 02889				
6.	6. A brief statement of the character of the business in which the limited liability company is actually engaged in state: own operate and manage real estate and any and all business incidental thereto					
7.	If the limited liability company has manag	gers, the name and address of each manager of the limited liability company Address				
	Stephanie D. Chafee	22 Beechwood Drive, Warwick, RI 02889				
Dat	# 1 0 0 6 0 7 *	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. WEE HOOSE FARM, LLC Exact Name of Limited Liability Company				
File	POR SECRETARY OF STATE USE ONLY Date: FILED OCT 0 8 1999 BUND 1/3 A	Stephanie D. Chafee, Manager Title Form No. 632 Revised 01/99				