



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

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

1. ID No. 100607		2. Exact name of the limited liability company WEE HOOSE FARM, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN, OPERATE AND MANAGE REAL ESTATE	
5. Principal office address 22 BEECHWOOD DRIVE		City WARWICK	State RI
		Zip 02889	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name STEPHANIE D. CHAFEE		Contact Title Manager	
Street Address 366 VICTORY HIGHWAY		City EXETER	State RI
		Zip 02822	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE IN SPACES BEFORE USING ATTACHMENTS - (SEE BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT - R.I.G. 07-16-12 (a) (2) / 7-16-52			
Manager Name Stephanie D. Chafee		Manager Name	
Street Address 366 Victory Highway		Street Address	
City Exeter	State RI	City	State
Zip 02822		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 ANDREW W. DAVIS, ESQ.		Address 101 DYER STREET	
Address THE OWEN BUILDING		City PROVIDENCE	Zip 02903

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



1 0 0 6 0 7

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.

Stephanie D. Chafee 9/14/06
Signature of Authorized Person Date

Stephanie D. Chafee
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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 100607		2. Exact name of the limited liability company WEE HOOSE FARM, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN, OPERATE AND MANAGE REAL ESTATE			
5. Principal office address 22 BEECHWOOD DRIVE		City WARWICK	State RI	Zip 02889	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name STEPHANIE D. CHAFEE		Contact Title Manager			
Street Address 366 Victory Highway		City Exeter	State RI	Zip 02822	
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 Stephanie D. Chafee		Manager Name .			
Street Address 366 Victory Highway		Street Address .			
City Exeter	State RI	Zip 02822	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 ANDREW W. DAVIS, ESQ.		Address 101 DYER STREET			
Address THE OWEN BUILDING		City PROVIDENCE		Zip 02903	

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



1 0 0 6 0 7

100607 DLLC 07/06/04 04:23:03 PM	
File Date	9-29-05
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.

Stephanie D. Chafee 9-19-05.
Signature of Authorized Person Date
Stephanie D. Chafee
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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 100607		2. Exact name of the limited liability company WEE HOOSE FARM, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN, OPERATE AND MANAGE REAL ESTATE	
5. Principal office address 22 BEECHWOOD DRIVE		City WARWICK	State RI Zip 02889
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name STEPHANIE D. CHAFEE		Contact Title Manager	
Street Address 1338 Ballantrae Lane		City McLean	State VA Zip 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) <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 Stephanie D. Chafee		Manager Name .	
Street Address 1338 Ballantrae Lane		Street Address .	
City McLean	State VA	Zip 22101	City .
Manager Name .		Manager Name .	
Street Address .		Street Address .	
City .	State .	Zip .	City .
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ANDREW W. DAVIS, ESQ.		Address 101 DYER STREET	
Address THE OWEN BUILDING		City PROVIDENCE	Zip 02903

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



100607 DLLC 07/08/04 04:28:03 PM	
File Date	SEP 17 2004
Check No.	By <u>UP</u>
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.

Stephanie D Chafee 9.9.04
Signature of Authorized Person Date
Stephanie D. Chafee
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. *100607*		2. Exact name of the limited liability company WEE HOOSE FARM, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN OPERATE AND MANAGE REAL ESTATE	
5. Principal office address 22 BEECHWOOD DRIVE		City WARWICK	State RI Zip 02889
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name STEPHANIE D CHAFFEE		Contact Title MGR	
Street Address 1338 Ballantrae Lane		City McLean	State VA Zip 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) <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 Stephanie D. Chafee		*Manager Name .	
Street Address 1338 Ballantrae Lane		*Street Address .	
City McLean	State VA	Zip 22101	*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 ANDREW W. DAVIS, ESQ.		Address 101 DYER STREET	
Address THE OWEN BUILDING		City PROVIDENCE	Zip 02903

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



* 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.

Stephanie D Chafee 9.10.03
Signature of Authorized Person Date

Stephanie D. Chafee
Print or Type Name of Authorized Person

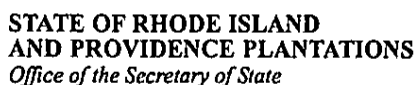
100607 DLLC6/26/035:06:36 PM

File Date **FILED**

Check No. **SEP 18 2003**

By: *C6402*

FOR SECRETARY OF STATE USE ONLY



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *100607*		2. Exact name of the limited liability company WEE HOOSE FARM, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN OPERATE AND MANAGE REAL ESTATE	
5. Principal office address 22 BEECHWOOD DRIVE		City WARWICK	State RI Zip 00000
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name STEPHANIE D CHAFFEE		Contact Title MGR	
Street Address 22 BEECHWOOD DRIVE		City WARWICK	State RI Zip 02889
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 Stephanie D. Chafee		Manager Name .	
Street Address 1338 Ballantrae Lane		Street Address .	
City McLean	State VA	Zip 22101	City .
Manager Name		Manager Name	
Street Address .		Street Address .	
City .	State .	Zip .	City .
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ANDREW W. DAVIS, ESQ.		Address 101 DYER STREET	
Address THE OWEN BUILDING		City PROVIDENCE	Zip 02903

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



100607 DLLC8/2/0212:44:45 PM

File Date 9-16-02

Check No. 264

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.

Stephanie D. Chafee 9.11.02
Signature of Authorized Person Date
Stephanie D. Chafee
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 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

Stephanie D. Chafee

1338 Ballantrae Lane, McLean, Virginia 22101

Dated _____



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

By

Stephanie D. Chafee

Stephanie D. Chafee, Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 11-1-01

Check No.: 231

By: BNF

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

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 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 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, RI 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

<i>Name</i>	<i>Address</i>
-------------	----------------

Stephanie D. Chafee

22 Beechwood Drive, Warwick, RI 02889

Dated

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

By Stephanie D. Chafee

Stephanie D. Chafee, Manager

Title

FOR SECRETARY OF STATE USE ONLY
File Date: FILED

Check No. SEP 19 2000

By: [Signature]

Form No. 632
Revised 01/99

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 100607

Annual Report for the year 1999

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, RI 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

Stephanie D. Chafee

22 Beechwood Drive, Warwick, RI 02889

Dated 9.20.99

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.

WEE HOOSE FARM, LLC

Exact Name of Limited Liability Company

By Stephanie D. Chafee

Stephanie D. Chafee, Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

FILED

Check No. 1130

OCT 08 1999

By: By [Signature]

Form No. 632
Revised 01/99