



**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. 111310		2. Exact name of the limited liability company Senior Transition LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ASSISTING OLDER INDIVIDUALS WITH RELOCATION			
5. Principal office address 28 Hoxie Court		City Coventry	State RI	Zip 02816	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Patricia J. Cusson		Contact Title Member			
Street Address 28 Hoxie Court		City Coventry	State RI	Zip 02816	
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	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name MARK B. HEFFNER, ESQ.		Address HEFFNER & ASSOCIATES			
Address 615 JEFFERSON BOULEVARD		City WARWICK		Zip 02886-	

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



File Date	10-05-05	111310*
Check No.	318	
By:	TC	
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.

*Patricia J. Cusson* 10/3/05  
Signature of Authorized Person Date

Patricia J. Cusson, Member  
Print or Type Name of Authorized Person



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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
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Street Address 28 Hoxie Court			City Coventry	State RI	Zip 02816
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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
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Agent Name MARK B. HEFFNER, ESQ.			Address HEFFNER & ASSOCIATES		
Address 615 JEFFERSON BOULEVARD			City WARWICK	Zip 02886-	

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



\* 1 1 1 3 1 0 \*

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.

Patricia J. Cusson  
Signature of Authorized Person Date

Patricia J. Cusson, Member  
Print or Type Name of Authorized Person

File Date	<u>10/28/04</u>
Check No.	<u>235</u>
By:	<u>U1</u>
FOR SECRETARY OF STATE USE ONLY	



**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. <b>111310</b>		2. Exact name of the limited liability company <b>Senior Transition LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>ASSISTING OLDER INDIVIDUALS WITH RELOCATION</b>			
5. Principal office address <b>28 Hoxie Court</b>		City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Patricia J. Cusson</b>			Contact Title <b>Member</b>		
Street Address <b>28 Hoxie Court</b>		City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	
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	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 <b>MARK B. HEFFNER, ESQ.</b>			Address <b>HEFFNER &amp; ASSOCIATES</b>		
Address <b>615 JEFFERSON BOULEVARD</b>			City <b>WARWICK</b>	Zip <b>02886-</b>	

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



\* 1 1 1 3 1 0 \*

File Date 9-18-03  
Check No. 117  
By: ec  
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.

Patricia J. Cusson 9/15/03  
Signature of Authorized Person Date  
**Patricia J. Cusson, Member**  
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. 111310		2. Exact name of the limited liability company Senior Transition LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ASSISTING OLDER INDIVIDUALS WITH RELOCATION			
5. Principal office address 28 Hoxie Court		City Coventry	State RI	Zip 02816	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Patricia J. Cusson			Contact Title Member		
Street Address 28 Hoxie Court		City Coventry	State RI	Zip 02816	
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	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 MARK B. HEFFNER, ESQ.		Address HEFFNER & ASSOCIATES			
Address 615 JEFFERSON BOULEVARD		City WARWICK		Zip 02886	

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



\* 1 1 1 3 1 0 \*

File Date	10-18-02
Check No.	189
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.

*Patricia J. Cusson* 10/15/02  
Signature of Authorized Person Date

Patricia J. Cusson  
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 111310

Annual Report for the year 2001

1. The name of the limited liability company is:

Senior Transition LLC

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

28 Hoxie Court, Coventry, RI 02816

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: MARK B. HEFFNER, ESQ.

HEFFNER & ASSOCIATES 615 JEFFERSON BOULEVARD WARWICK RI 02886-

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: 28 Hoxie Court, Coventry, RI 02816

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: assisting older individuals with relocation.

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

*Name*

*Address*

Dated

9/27/01

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.



1 1 1 3 1 0

Senior Transition LLC

*Exact Name of Limited Liability Company*

By

Patricia J. Cusson  
Member

*Title*

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-1-01</u>
Check No.:	<u>3074</u>
By:	<u>[Signature]</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