



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

2005

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No <b>98510</b>		2. Exact name of the limited liability company <b>Hilvin, L.L.C.</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>ACQUIRING, DEVELOPING, LEASING AND SELLING REAL ESTATE</b>	
5. Principal office address <b>18 Preakness Dr.</b>		City <b>Lincoln</b>	State <b>R.I.</b>
		Zip <b>02865</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>HILDA ERFE</b>		Contact Title	
Street Address <b>18 Preakness Dr.</b>		City <b>Lincoln</b>	State <b>RI</b>
		Zip <b>02865</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 <b>HILDA ERFE</b>		Manager Name	
Street Address <b>18 Preakness Dr.</b>		Street Address	
City <b>Lincoln</b>	State <b>RI</b>	City	State
Zip <b>02865</b>		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 <b>HILDA G. ERFE</b>		Address	
Address <b>18 PREAKNESS DRIVE</b>		City <b>LINCOLN</b>	Zip <b>02865</b>

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 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	<b>10/18/05</b>	*98510*
Check No.	<b>3404</b>	<b>A79904</b>
By:	<b>Kmc</b>	
FOR SECRETARY OF STATE USE ONLY		

**Hilda G. Erfe** **10/18/05**  
Signature of Authorized Person Date  
**HILDA G. ERFE**  
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. <b>98510</b>		2. Exact name of the limited liability company <b>Hilvin, L.L.C.</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>ACQUIRING, DEVELOPING, LEASING AND SELLING REAL ESTATE</b>	
5. Principal office address <b>18 Preakness Dr.</b>		City <b>Lincoln</b>	State <b>R.I.</b>
			Zip <b>02865</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>HILDA ERFE</b>		Contact Title <b>member</b>	
Street Address <b>18 Preakness Dr.</b>		City <b>Lincoln</b>	State <b>RI</b>
			Zip <b>02865</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 <b>HILDA ERFE</b>		Manager Name	
Street Address <b>18 Preakness Dr.</b>		Street Address	
City <b>Lincoln</b>	State <b>R.I.</b>	Zip <b>02865</b>	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>HILDA G. ERFE</b>		Address	
Address <b>18 PREAKNESS DRIVE</b>		City <b>LINCOLN</b>	Zip <b>02865</b>

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

**FILED**

1 OCT 08 2004

By M47092

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.

Hilda G. Erfe 10/14/04  
Signature of Authorized Person Date

HILDA G. ERFE  
Print or Type Name of Authorized Person



\* 9 8 5 1 0 \*

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY





**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. 98510		2. Exact name of the limited liability company Hilvin, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING, LEASING AND SELLING REAL ESTATE			
5. Principal office address 18 Preakness Dr.			City Lincoln	State RI	Zip 02865
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Hilda G. Erfe			Contact Title Manager		
Street Address 18 Preakness Dr.			City Lincoln	State RI	Zip 02865
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 Hilda G. Erfe			Manager Name		
Street Address 18 Preakness Dr.			Street Address		
City Lincoln	State RI	Zip 02865	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 HILDA G. ERFE			Address		
Address 18 PREAKNESS DRIVE			City LINCOLN	Zip 02865	

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



\* 9 8 5 1 0 \*

File Date	10-2-02
Check No.	267
By:	BMF
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.

*Hilda G. Erfe* 10/2/02  
Signature of Authorized Person Date

Hilda G. Erfe, Manager

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 98510

Annual Report for the year 2001

1. The name of the limited liability company is:

Hilvin, L.L.C.

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

18 Preakness Dr Lincoln RI 02865

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: JONATHAN V. KALANDER, ESQ.

KALANDER & ASSOCIATES 146 WESTMINSTER STREET 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:

HILDA G. ERFE 18 Preakness Dr.  
Lincoln, R.I. 02865

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

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

Name	Address
<u>HILDA G. ERFE</u>	<u>18 Preakness Dr. Lincoln, R.I. 02865</u>

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.



HILVIN L.L.C.

Exact Name of Limited Liability Company

By Hilda G. Erfe  
President  
Title

FOR SECRETARY OF STATE USE ONLY  
 File Date: **ILED**  
 Check No: 1012001  
 By: [Signature]

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 98510

Annual Report for the year 2000

1. The name of the limited liability company is:

Hilvin, L.L.C.

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

18 Preakness Drive, Lincoln, Rhode Island 02865

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: JONATHAN V. KALANDER, ESQ

KALANDER & ASSOCIATES 146 WESTMINSTER STREET 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: Jonathan V. Kalander, 146 Westminster Street

Providence, Rhode Island 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: acquiring, developing, leasing and selling real estate or to engage in any other business that the Members deem desirable.

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

*Name*

*Address*

NONE

Dated

9/27/00

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.

Hilvin, L.L.C.

*Exact Name of Limited Liability Company*



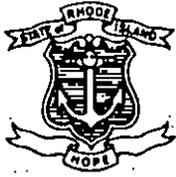
9 8 5 1 0

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9/29</u>
Check No.:	<u>876</u>

By [Signature]  
Pres.  
*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 98510

Annual Report for the year 1999

1. The name of the limited liability company is:

Hilvin, L.L.C.

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

18 Preakness Drive Lincoln, Rhode Island 02865

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: JONATHAN V. KALANDER, ESQ

REALE & KALANDER, LTD. 146 WESTMINSTER STREET 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: Jonathan V. Kalander 146 Westminster Street

Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: acquiring, developing, leasing and selling real estate or to engage in any other business that the members deem desirable.

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

Name

Address

NONE

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.

Hilvin, L.L.C.

Exact Name of Limited Liability Company



\* 9 8 5 66. 101 10 2 01 130

By Ahida H. Maje

President

Title

FOR SECRETARY OF STATE USE ONLY  
 File Date: 10-18-99  
 Check No.: 599  
 By: AMF

RECEIVED  
 OCT 20 1999