STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Divisi
100 North Main Str
Providence, RI 02903-13
401.222.30

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	*2. Exact name of the limited liability company*
127711	Dog House Acquisitions, LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
RHODE ISLAND	REAL ESTATE, PURCHASE, SALE, RENTAL.

5. Principal office address	*City*	*State*	*Zip*
113 Memorial Boulevard	Newport	RI	02840

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
Jeffrey Marlowe	Member/President

Street Address	*City*	*State*	*Zip*
113 Memorial Boulevard	Newport	RI	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)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	*Street Address*	*City*	*State*	*Zip*

Manager Name	*Street Address*	*City*	*State*	*Zip*

Manager Name	*Street Address*	*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	*Address*	*City*	*Zip*
CHERRIE R. PERKINS, ESQ.	66 MAIN STREET, SUITE 3	WAKEFIELD	02879-

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

[redacted]

[redacted]

File Date 9/28/05 "127711"

Check No. 3217

By: Ch

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statement contained here[illegible] are true and correct.

Signature of Authorized Person *Date* 9/25/05

[redacted] Jeffrey Marlowe, Member/President
Print or Type Name of Authorized Person

Form 632 Rev. 7/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Divis
100 North Main St
Providence, RI 02903-1
401.222.3(

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.	2. Exact name of the limited liability company
127711	Dog House Acquisitions, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	REAL ESTATE, PURCHASE, SALE, RENTAL.

5. Principal office address	City	State	Zip
113 Memorial Blvd.	Newport	R. I.	02840

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Jeffrey Marlowe	Member

Street Address	City	State	Zip
113 Memorial Blvd.	Newport	R. I.	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)* ☐

ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	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	Address	City	Zip
CHERRIE R. PERKINS			
Address		City	Zip
66 MAIN STRET, SUITE 3		WAKEFIELD	02879-

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

[redacted]

* 1 2 7 7 1 1 *

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repc including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Signature of Authorized Person *Date* 11/12/04

[redacted] Jeffrey Marlowe, Member

Print or Type Name of Authorized Person

File Date	11/17/04
Check No.	3022
By:	D.

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 7/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Divis.
100 North Main St
Providence, RI 02903-13
401.222.3(

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.	2. Exact name of the limited liability company
127711	Dog House Acquisitions, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	real estate, purchase, sale, rental

5. Principal office address	City	State	Zip
113 Memorial Boulevard	Newport	RI	02840

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Jeffrey Marlowe	Member

Street Address	City	State	Zip
113 Memorial Boulevard	Newport	RI	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)* ☐

ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	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	Address	City	Zip
CHERRIE R. PERKINS	66 MAIN STRET, SUITE 3	WAKEFIELD	02879-

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

[redacted] *127711

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.

[redacted] *Signature of Authorized Person* *Date* 9/27/03

[redacted] Jeffrey Marlowe, Member
Print or Type Name of Authorized Person

File Date 11/5/03
Check No. 2795
By:
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 7/03