

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 02903-13 401.222.36

LIMITED LI. Filing Period: Septen (FORM MUST BE TYPED	ıber 1	November I 💎 •		REPORT FOR	THE YEAR	2005		
1. ID No		name of the limited lie	ibility company			 ·		
127711	Dog Ho	use Acquisitions, LLC						
3. State of Formation		4. Brief description of	the character of the husiness to	hich is actually conducted in Rho	de Island			
RHODE ISLAND		REAL ESTATE, I	PURCHASE, SALE, RENT	AL.				
5. Principal office address				City	State	Zip		
113 Memoria	l Bo	ulevard		Newport	RI	1 '	2840	
Contact Name Jeffrey Mar		MITED LIABILIT	Y COMPANY AND NAM	E OR TITLE OF CONTACT Contact Title Member/Pres				
Street Address			·	City	State	Zip		
113 Memoria	L Bo	ulevard		Newport	RI	02	2840	
Manager Name Street Address	MODII	CATIONS TO M	S BEFORE USING ATTA	LING OF AMENDMENT, R Manager Name Street Address	OR ATTACHMENT L.I.G.L. 7-16-12 (: 	a) (2) / 7-16-52		
City		State	Zlp	City	State	Zip		
Manager Name				Manager Name				
Street Address	· ·			Street Address				
City State Zip				City	State	Ztp		
8. RESIDENT AGENT Agent Name CHERRIE R. PERKINS,		DDE ISLAND - DO	NOT ALTER - Change	require filing of Form	642 - R.I.G.L. 7-1	6-11	~~ <u>.</u>	
Address				Cin				
	F 1			City				
66 MAIN STREET, SUITE 3				WAKEFIELD	WAKEFIELD 02879-			

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
File Date 9/28/25 *127711*	contained hereby fe true and correct.
FOR SECRETARY OF STATE USE ONLY	Signature of Authorized Person Date Jeffrey Mar lowe Member/President Print or Type Name of Authorized Person



CHY

Address

CHERRIE R. PERKINS

66 MAIN STRET, SUITE 3

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

Matthew A. Brown, Secretary of State

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

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR • Filing Fee: \$50.00 Filing Period: September 1 - November 1 (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 hustness which is actually conducted in Rhode Island REAL ESTATE, PURCHASE, SALE, RENTAL. **RHODE ISLAND** 5. Principal office address State Zip 113 Memorial Blvd.
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Newport 02840 R. I. Jeffrey Marlowe Member Street Address State City 02840 113 Memorial Blvd. R. I. Newport 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES DEFORE 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 Street Address Street Address City State Zip State Ζiρ Manager Name Manager Name Street Address Street Address

Address

WAKEFIELD

8. RESIDENT AGENT IN RHODE ISLAND . DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

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



State

File Date 11 17 84	7
Check No. 3027	
Ву:	
FOR SECRETARY OF STATE USE ONLY	,

Under penalty of perjui	y, I reclare and at	Tirm that I have	e examin	ed this repo
including any accompa	nying schedules a	nd statements,	and that a	II statemer
contained herein are in	e and correct.	1		
- XX	Ω	ſ		

Signatule of Authorized Person

ZIP

Zip

02879-

Jeffrey Marlowe, Member

Print or Type Name of Authorized Person



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

Corporations Divis. 100 North Main Str Providence, RI 02903-13

Matthew A. Brown, Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

401.222.30

2003

	OR PRINTED IN BLACK)						
1 II) No. 127711	2. Exact name of the limit	Dog House Acquisitions, LLC					
3. State of Formation	4. Brief descripi	4. Brief description of the character of the husiness which is actually conducted in Rhode Island					
RHODE ISLAND			chase, sale, rental				
5 Principal office address	7		City	State	Zip		
·	al Boulevard	•	Newport	RT	02840		
6. MAILING ADDRE	SS OF LIMITED LIAB	ILITY COMPANY AN	D NAME OR TITLE OF CONTACT	PERSON:	02040		
Contact Name			Gontact Title				
Jeffrey Ma	rlowe		Member				
Sinvi Address			City	State	Zip		
113 Memori 7. NAME AND ADDI	al Boulevard	GER OF THE LIMIT	Newport ED LIABILITY COMPANY, IF APP	RI	02840		
	FILL IN SI	PACES BEFORE USIN	G ATTACHMENTS ("X" BOX FO	LICABLE			
AN	Y MODIFICATIONS T	O MANAGERS REQU	TRES FILING OF AMENDMENT, R	JR ATTACHMENT) ∐ 3.I.G.L. 7-16-12 (a) (2) / 7.16.52		
Manager Name			Manager Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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Street Address			Since Address				
Street Address City	Ste*	Zip	Siner Address Güy	State	Zip		
	Ste ⁻	Zip	City·	State	Zip		
City	Sie.	Zip		State	Zψ		
Cite	Sie*	Zip	City Manager Name	State	Zip		
Cav Manager Name	Ste ⁻	Zip	City·	State	Zip		
Cite Manager Name Street Address	Ste ⁻	Zip Zip	City Manager Name	State State	Zip Zip		
City Manager Name Street Address City	State	Zip	City Manager Name Street Address Gity	State	J		
City Manager Name Street Address City	State	Zip	City Manager Name Street Address City Changes require filing of Form 6	State	J		
City Street Address City 8. RESIDENT AGENT	State	Zip	City Manager Name Street Address Gity	State	J		

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

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heck No.	1	<u> </u>	5		 	
y:	7	<u>_</u>		_		

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Under panalty of perjury, I declare and a	affirm that I have examined this proof
Under analty of perjury, I declare and a including any accompanying schedules	and statements, and that all statement
contained herein are true and correct.	, and the state ment
	/ 1

Jeffrey Marlowe, Member

Form 632 Rev. 7/03