

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

1. ID No.	PED OR PRINTED IN BI			<u></u>	
107614	Blueberry Lane,	imited liabilty company LLC			
3. State of Formation	_1		he business which is actually conducted	in Rhode Island	
RHODE ISLAND		ND SELLING OF RE	•		
5. Principal office add	dress	 	City	State	Zip
1180 WEST MA			MIDDLETOWN	RI	02842-
6. MAILING AD	DRESS OF LIMITEI	LIABILITY COM	ANY AND NAME OR TITLE	OF CONTACT PE	RSON:
Contact Name BRUCE BEARD			Contact Title	**************************************	
Street Address			City	State	Zip
1180 WEST MAIN RD			MIDDLETOWN	RI	02842-
Manager Name	ANY MODIFICATION	S TO MANAGERS REQ	WIRES FILING OF AMENDMENT. I	R.I.G.L 7-16-12 (a) (2)	/ 7-18-52
Street Address			· Street Address		-
City	State	Zıp	*City	State	Zip
Manager Name		. 	Manager Name		
Street Address			Street Address	·	
City	State	Zip	City	State	Zip
8. RESIDENT AGE	NT IN RHODE ISLAI	ND DO NOT ALTER- C	hanges require filing of F	orm 642 - R.I.G.L. 7	-16-11
Agent Name			Address		······································
MICHAEL W. MI	LLER, ESQ.		122 TOURO STREE	ET	
Address			City		Sip
			NEWPORT		

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





Under penalty of perjury, I declare and affirm that I have examin	ed

107614 DLLC 09/01/05 01:47:45 PM Check No.

FOR SECRETARY OF STATE USE ONLY

	and that air statements contained herein are	: true and cor	rect.
2	Signature of Authorized Person	Soot.	18,2005
	Bruce Beard		
	Print or Type Name of Authorized Person		

this report, including any accompanying schedules and statements,



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

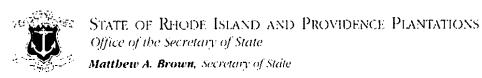
FORM MUST BE TYPED			2 11111 g 1 e e . 0 y o			
1. ID No. 107614		name of the limited I	lability company	*		
3 State of Formation RHODE ISLAND		1 .	of the character of the hi SELLING OF REAL I	isiness which is actually conducted in Rh ESTATE	ode Island	-
5. Principal office address 1180 Wes		n Road		City Middletown	State RI	7.ip 02842
Contact Name	ess of Li		TY COMPANY ANI	O NAME OR TITLE OF CONTAC	T PERSON:	
Street Address		•	··· -	City	State	Zip
1180 Wes	st Mair	n Road		Middletown	RI	02842
		FILL IN SPAC	CES BEFORE USING	D LIABILITY COMPANY, IF API G ATTACHMENTS ("X" BOX F RES FILING OF AMENDMENT, Manager Name	OR ATTACHMENT)	
Street Address				Street Address		
City		Suite	Z ıp	City	State	Zιρ
Manager Name	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·		Manager Name		••••••
Street Address				Street Address		_
City	,	State	Zip	Cily	State	Zip
8. RESIDENT AGEN Agent Name MICHAEL W. MILLE		ODE ISLAND - 1	OO NOT ALTER - C	hanges require filing of Form Address	i 642 - R.I.G.L. 7-16	.11
Address				City		Zip
122 TOURO STREET	T			NEWPORT		02840-

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



File Date	4	84	
Check No. 10	761	4	
Ву:	ر		
FOR SE	CRETAR	Y OF STATE	E 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.



Corporations Diusion 100 North Main Street Providence, RI 02993-1335

401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ___

2003

Filing Period: Septen	iber 1 - November 1	• Filing Fee: \$5	0.00		
(FORM MUST BE TYPED)					
1 ID No	2 Exact raine of the limited				
107614	Blueberry Lane,				
3 State of Formation	4 Brief description	r of the character of the b	usiness which is actually conducted in Rhodo	e Island	
RHODE ISLAND	BUYING AND	SELLING OF REAL	ESTATE		
3 Principal office addiess	<u> </u>		Gity	State	Zφ
1180 West Main Rd			Middletown	RI	02842
6. MAILING ADDRES	SS OF LIMITED LIABII	ITY COMPANY AN	D NAME OR TITLE OF CONTACT I	PERSON:	•
Contact Name			Contact Title		
Bruce Beard					
Street Address			City	State	Zφ
1180 West Main Rd			Middletown	RI	02842
7. NAME AND ADDI	CESS OF EACH MANAC	ER OF THE LIMIT	ED LIABILITY COMPANY, IF APPL	ICABLE	•
, , , , , , , , , , , , , , , , , , , ,		CES BEFORE USIN		R ATTACHMENT)	
AN	Y MODIFICATIONS TO	MANAGERS REQU	IRES FILING OF AMENDMENT, R.	I.G.L. 7-16-12 (a) (2) /	7-16-52
Mantager Name		,	Manager Name		
Street Address			Street Address		 -
			•		
Cav	State .	ZØ	: City	State	Zip
		, , , , , , , , , , , , , , , , , , ,			' '
Manager Name			Manager Name		
Street Address			: Street Address		
City	State	Zip	: City	State	Zφ
8. RESIDENT AGENT	T IN RHODE ISLAND	DO NOT ALTER -	Changes require filing of Form 6	642 - R.I.G.L. 7-16-11	
Agent Name			Address		
MICHAEL W. MILLER,	ESQ.				
address			City	Zip	
122 TOURO STREET			NEWPORT	0284	0-
			+	I	

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

* 1 0 7 6 1 4 *	
File Date _10/6/63	
Check No. Coys	
FOR SECRETARY OF STATE USE ONLY	

1 188181 11911 BB(1) 18818 B1(8) 11811 B1(8) 1881

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.

	10/1/23
Segmentare of Authorized Person	Date



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

	Exact name of the lin lueberry Lane, L	nited liabilty company							
107614 B	lueberry Lane, L								
3. State of Formation	La notati	Lane, LLC							
)	4. Briej aescrip	tion of the character of t	he business which is actually conducted	in Rhode Island					
RHODE ISLAND BUYING AND SELLING OF REAL			AL ESTATE						
5. Principal office address ONE BLUEBERRY LI	ANE		City JAMESTOWN	'					
6. MAILING ADDRES Contact Name BRUCE BEARD	SLOF LIMITED	LIABILITY COMP	ANY AND NAME OR TITLE Contact Title	OF CONTACT PE	RSON:				
Street Address			City	State	Zip				
ONE BLUEBERRY LANE 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIE			. JAMESTOWN	RI	02835				
			G ATTACHMENTS \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
Sireel Address		.	• Street Address						
City	State	Zip	City	State	Zip				
Manager Name			Manager Name						
Sircei Address			· Sircet Address						
City	State	Zip	.City	State	Zip				
8. RESIDENT AGENT, I	N RHODE ISLAN	DEDO NOT ALTER- C	hanges require filing of F	orm 642 - R.I.G.L. 7	-16-11				
ľ	D 500		Address						
MICHAEL W. MILLE	R, ESQ.		122 TOURO STRE						
Address		City	ļ ²	Zip					
			NEWPORT		02840-				

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

107614 D	LLC8/28/0210:45:47 AM
Check No.	18826
Ву:	de
FOR SECRET	ARY 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.

Signature of Author	nited Per	son	De	aie .	_	10	1/02
BRUCE Print or Type Name	R.	BEAL orized Person	<u>م</u>	Y	<u>. د</u>		
)	Form	632	Rev. 6/02

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

· D · 3



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

D I	Number	DLLC	1	0.	76	14
-----	--------	------	---	----	----	----

Annual Report for the year 2001

1.	The name of the limited liability company is: Blueberry Lane, LLC					
2.	The address of the principal office of the limited liability company is:					
	1 Blueberry Lane, Jamestown, RI 02835					
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: MICHAEL W. MILLER, ESQ.					
	122 TOURO STREET NEWPORT RI 02840-					
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: Bruce Beard					
	1 Blueberry Lane, Jamestown, RI 02835					
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Buying, selling, owing and managing of real estate					
7.	If the limited liability company has managers, the name and address of each manager of the limited liability company **Name** **Address**					
Da	sted 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 0 7 6 1 4 BLUEBERY LANE LLC Exact Name of Limited Liability Company					
File	FOR SECRETARY OF STATE USE ONLY Date: By By					
	eck No.: 17010 Member BRUCE R. Based					
By:	Form No. 632					

DETACH BOTTOM BEFORE RETURNING

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 DL	.LC 107614	ŀ
--------------	------------	---

Annual Report for the year 2000

1.	The name of the limited liability company i	8:			
	Blueberry Lane, LLC				
2.	The address of the principal office of the li	mited liability company is:			
	1 Blueberry Lane, Jamestown, RI 02835				
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 ager	ntis: SUSAN A. KELLER, ESQ.			
	EDWARDS & ANGELL, LLP 2800 BANKE	OSTON PLAZA PROVIDENCE RI 02903			
5.	The current mailing address of the limited	liability company and the name or title of a person to whor	n communications		
	may be directed are: Bruce Beard				
	l Blueberry La	ne, Jamestown, RI 02835			
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in this				
	state: Buying and Selling of Rea	l Estate	,		
7.	If the limited liability company has managers, the name and address of each manager of the limited liability company				
	Name	Address Address			
	N/A				
					
Dat	Med 16 October 2000	Under penalty of perjury, I declare and affirm that I ha			
	## ##### #############################	report, including any accompanying schedules and that all statements contained herein are true and correc			
		Blueberry Lane, LLC			
	1 5 7 5 1 4	Exact Name of Limited Liability Company			
	FOR SECRETARY OF STATE USE ONLY Date: PAID	By SE H OF INC.			
	91	4			
	Sk No.: 0C1 1 9 200(C)	QBAIBQB8 Title	Form No. 632		
By:	SEC'Y OF STATE		Revised 01/99		