



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 107614		2. Exact name of the limited liability company Blueberry Lane, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BUYING AND SELLING OF REAL ESTATE	
5. Principal office address 1180 WEST MAIN RD		City MIDDLETOWN	State RI Zip 02842-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BRUCE BEARD		Contact Title	
Street Address 1180 WEST MAIN RD		City MIDDLETOWN	State RI Zip 02842-
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		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 MICHAEL W. MILLER, ESQ.		Address 122 TOURO STREET	
Address		City NEWPORT	Zip 02840-

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



1 0 7 6 1 4

107614 DLLC 09/01/05 01:47:45 PM	
File Date	10/05/05
Check No.	23307
By:	CXC
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.

Signature of Authorized Person

Sept. 18, 2005
Date

Bruce Beard

Print or Type Name of Authorized Person



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 107614		2. Exact name of the limited liability company Blueberry Lane, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BUYING AND SELLING OF REAL ESTATE	
5. Principal office address 1180 West Main Road		City Middletown	State RI
		Zip 02842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Bruce Beard		Contact Title	
Street Address 1180 West Main Road		City Middletown	State RI
		Zip 02842	
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		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name MICHAEL W. MILLER, ESQ.		Address	
Address 122 TOURO STREET		City NEWPORT	Zip 02840

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 *

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 Authorized Person

Sept. 15-2004
Date

Bruce Beard
Print or Type Name of Authorized Person

File Date	11/4/04
Check No.	107614
By:	LS
FOR SECRETARY OF STATE USE ONLY	



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No 107614		2 Exact name of the limited liability company Blueberry Lane, LLC	
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island BUYING AND SELLING OF REAL ESTATE	
5 Principal office address 1180 West Main Rd		City Middletown	State RI
		Zip 02842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Bruce Beard		Contact Title	
Street Address 1180 West Main Rd		City Middletown	State RI
		Zip 02842	
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		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 MICHAEL W. MILLER, ESQ.		Address	
Address 122 TOURO STREET		City NEWPORT	Zip 02840-

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



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File Date	10/6/03
Check No.	20639
By	gm
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.

Bruce R. Beard **10/1/03**
Signature of Authorized Person Date
Bruce R. Beard
Print or Type Name of Authorized Person



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

Edward S. Innman, 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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *107614*		2. Exact name of the limited liability company Blueberry Lane, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BUYING AND SELLING OF REAL ESTATE	
5. Principal office address ONE BLUEBERRY LANE		City JAMESTOWN	State RI Zip 02835
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BRUCE BEARD		Contact Title	
Street Address ONE BLUEBERRY LANE		City JAMESTOWN	State RI Zip 02835
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		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 MICHAEL W. MILLER, ESQ.		Address 122 TOURO STREET	
Address		City NEWPORT	Zip 02840-

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



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107614 DLLC8/28/0210:45:47 AM

File Date 10.17.02

Check No. 18826

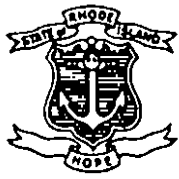
By: [Signature]

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.

[Signature] 10/1/02
Signature of Authorized Person Date
BRUCE R. BEARD
Print or Type Name of Authorized Person

**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

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Annual Report for the year 2001

- Blueberry Lane, LLC**

- 1 Blueberry Lane, Jamestown, RI 02835

4. The name and address of its resident agent is: MICHAEL W. MILLER, ESQ.

122 TOURO STREET NEWPORT RI 02840-

- ## Bruce Beard

1 Blueberry Lane, Jamestown, RI 02835

- ## Buying, selling, owing and managing of real estate

- Name

Address

Dated

9/12/01



BLUEBERRY LAKE, LLC

Exact Name of Limited Liability Company

By

Red

Member BRUCE R. BEARD

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date:

9-24-01

Check No.:

17010

By:

22

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 107614

Annual Report for the year 2000

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: SUSAN A. KELLER, ESQ.

EDWARDS & ANGELL, LLP 2800 BANKBOSTON PLAZA 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: 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 and Selling 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
------	---------

N/A

Dated 16 October 2000



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.

Blueberry Lane, LLC

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

File Date:

PAID

Check No.:

OCT 19 2000

By:

SEC'Y OF STATE

CO: 100 22 11 01 100
By: [Signature]
AL: 100 22 11 01 100
DIV: 100 22 11 01 100
02A13038

Title

Form No. 632
Revised 01/99