



**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. 121817		2. Exact name of the limited liability company Pilgrim House Inn, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE, HOLD AND SELL REAL ESTATE AND PERSONAL PROPERTY OF ALL TYPES FOR INVESTMENT	
5. Principal office address 123 SPRING STREET		City NEWPORT	State RI
Zip 02840-			
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOSEPH H OLAYNACK		Contact Title	
Street Address 31 AMERICAS CUP AVENUE		City NEWPORT	State RI
Zip 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) <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		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*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 JOSEPH H. OLAYNACK, III		Address 31 AMERICA'S CUP AVENUE	
Address		City NEWPORT	Zip 02840-

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



1 2 1 8 1 7

\*121817 DLLC 09/13/05/01:55:32 PM\*

File Date 10/4/05

Check No. 1917

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] 9/30/05  
Signature of Authorized Person Date

**Barry M. Fonseca**  
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. 121817		2. Exact name of the limited liability company Pilgrim House Inn, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE, HOLD AND SELL REAL ESTATE AND PERSONAL PROPERTY OF ALL TYPES FOR INVESTMENT	
5. Principal office address 123 SPRING STREET		City NEWPORT	State RI
			Zip 02840-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOSEPH H OLAYNACK		Contact Title	
Street Address 31 AMERICAS CUP AVENUE		City NEWPORT	State RI
			Zip 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) <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		Street Address	
City		State	
Zip		City	
State		State	
Zip		Zip	
Manager Name		Street Address	
City		State	
Zip		City	
State		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 JOSEPH H. OLAYNACK, III		Address 31 AMERICA'S CUP AVENUE	
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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\*121817 DLLC 09/23/04 09:39:17 AM\*

File Date 9/27/04

Check No. 1552

By: DA

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.

Barry M. Fonseca 9/23/04  
Signature of Authorized Person Date

Barry M. Fonseca  
Print or Type Name of Authorized Person



**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. 121817		2. Exact name of the limited liability company Pilgrim House Inn, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PURCHASE, HOLD AND SELL REAL ESTATE AND PERSONAL PROPERTY OF ALL TYPES FOR INVESTMENT			
5. Principal office address 123 SPRING STREET			City NEWPORT	State RI	Zip 02840-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOSEPH H OLAYNACK			Contact Title		
Street Address 31 AMERICAS CUP AVENUE			City NEWPORT	State RI	Zip 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) <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			• Manager Name		
Street Address			• Street Address		
City	State	Zip	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 JOSEPH H. OLAYNACK, III			Address 31 AMERICA'S CUP AVENUE		
Address CORCORAN, PECKHAM, HAYES & GALVIN, PC			City NEWPORT	Zip 02840-	

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



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\*121817 DLLC 09/30/03 11:54:34 AM\*

File Date 10 10 03

Check No. 1238

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] 10/4/03  
Signature of Authorized Person Date

Barry M Fonseca  
Print of Name of Authorized Person



# 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. *121817*	2. Exact name of the limited liability company Pilgrim House Inn, LLC		
3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island Purchase, hold and sell real estate and personal property of all types for investment		

5. Principal office address 123 SPRING STREET	City NEWPORT	State RI	Zip 02840-
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**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:**

Contact Name JOSEPH H. OLAYNACK III	Contact Title ATTORNEY/REGISTERED AGENT		
Street Address 31 AMERICA'S CUP AVENUE	City NEWPORT	State RI	Zip 02840

**7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE**

FILE IN SPACES BEFORE USING ATTACHMENTS (A 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	City	State	State	Zip	Zip
Manager Name	Manager Name				
Street Address	Street Address				
City	City	State	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 JOSEPH H. OLAYNACK, III	Address 31 AMERICA'S CUP AVENUE	
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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\*\*121817\* 9/5/024:21:11 PM\*

File Date 10-12-02

Check No. 30266

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] 10-16-02

Signature of Authorized Person Date

Joseph H. Olaynack III

Print or Type Name of Authorized Person