

Matthew A. Brown, Secretary of State Corporations Division 148 W. Rwer Street

Providence, RI 02904-2615 401-222-3940

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

							
1 ID No. 118821		name of the limited liability company pering Pines Campground, LLC					
3 State of Formation				ch is actually conducted in Rhode Islani	d.		
Rhode Island Own and operate campground							
3 Principal office address 41 Saw Mill Road			Cay Hopkinton	State RI		Ζφ 02832	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Gonact Name Clint Ramsden, Jr.			OR TITLE OF CONTACT PERSON: Contact Title member				
Street Address 2175 State-Roa	ਹੇ '84	41 SAWMI	u Pd	City HOPKINTON Fort Laiderdale	State R	I	7002832 33312
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> 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			
r./a				n/a			
Street Address			Street Address				
City:		State	Zφ	City	State	:	Zψ
Manager Name			Manager Name				
n/a				n/a			
Street Address			Street Address				
City		State	Ζφ	City	State		Ζφ
8. RESIDENT AGENT	IN RH	ODE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642 -	R.I.G.L. 7-1	6-11	•
Agent Name		Address					
Everett Petronio, Jr., Esq.						_	
Address			Cin	Zip			
1239 Hartford Avenue			Johnston 02919				

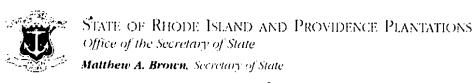
This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date
Check No
By:
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 before are true and correct.

Signature of Authorized Person Date

Clint Ramsden, Jr., Member



Consorations Dirision 100 North Main Street Providence, Rt 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 BIACK) L ID No 2. Exact none of the limited liability company 118821 Whispering Pines Campground, LLC Errof description of the character of the business which is actually conducted in Rhode Island 3. State of Formation Rhode Island Own and operate campground 5. Principal office address State 41 Saw Mill Road Hopkinton RI 02832 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Clint Ramsden, Jr. Member Street Address Car State 2175 State Road 84 Fort Lauderdale Fl. 33312 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 n/a Street Address Street Address Ot: State /:p City State Z_{1D}

Manager Name

Street Address

Address

Johnston

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

<u> </u>	
File Date 6 20 05	
Check No3152	
By DA	
FOR SECRETARY OF STATE USE ONLY	

State

Everett Petronio, Esq.

1239 Hartford Avenue

 Z_{ip}

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

Street Address

Agent Name

Addies

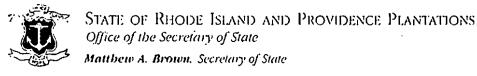
Under penalty of perjury, I deplaye and affirm that I have examined this report, including any accompanying felledules and statements, and that all statements, contained hereto are true inst obirect.

Clinton Ramsden, Jr., Member

State

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02919



Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2003

(FORM MUST BE TYPED		• Filing Fee: 35	(2.177)				
1 ID No. 118821	T	ct name of the limited liability company Whispering Pines Campground, LLC					
3 State of Formation		1. Brief description of the character of the business which is actually conducted in Rhode Island					
RHODE ISLAND		PERATE CAMPGROL	JND				
5. Principal office address			City	State	Zip		
41 Saw Mill Road 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAM			Hopkinton D NAME OF TITLE OF CONTACT PR	RI ERSON:	02832		
Contact Name			: Contact Title	•			
Clinton	Ramsden, Jr.		Member	Member			
Sirvet Address			City	State	<i>7.1</i> p		
2175 St	ate Road 84		Fort Laurdedale	Florida	33312		
7. NAME AND ADDI	RESS OF EACH MANA	GER OF THE LIMITI	ED LIABILITY COMPANY, IF APPLIC	CABLE	•		
4.80			G ATTACHMENTS ("X" BOX FOR IRES FILING OF AMENDMENT, R.L.		7 16 62		
Manager Name	i moizirications to	MANAGERS KEQU	<u>.</u>	G.I., /-16-12 (3) (2) /	7-10-52		
n/a			панадет кате	Manager Name			
			Constanting	Constitution			
Street Address		Siret Auares	Street Address				
City	State	Zip	Cay	State	Zlp		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Z.tp		
8. RESIDENT AGEN	I I IN RHODE ISLAND	I - DO NOT ALTER - (: Changes require filing of Form 64:	ı 2 - R.I.G.L. 7-16-11	ı		
Agent Name			Address				
EVERETT PETRONIO,	ESQ.						
Address 1239 HARTFORD AVENUE			Gity: JOHNSTON	1 *			
			•	•			

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

	* 1 1 8 8 2 1 *
File Date _	10/2/03
Check No	2269
<i>B</i> v: _	9-

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm the	
including any accompanying schedules and state	ments, and that all statements
contained herein are true and correct.	/ /

Clinton Ramsden, Jr., Member



Edward S. Inman, 111, 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

I. ID No.		2. Exact name of the limited liabilty company						
118821		Whispering Pines Campground, LLC						
3. State of Formation		4. Brief description of the character of the business which is actually conducted in Rhode Island						
RHODE ISLAND)	Own and	operate campgro	und.				
5. Principul office address 41 Saw Mill Road				City Hopkinton	State RI	Zip 02832		
6. MAILING AD	DRESS O	LIMITED L	ABILITY COMPANY	AND NAME OR TITLE C	OF CONTACT PERSO	N:		
Clinton R	lamsden,	Jr.		· Member	· Member			
Street Address				City	State	Zip		
2175 Stat	e Road 8	4		·Fort Lauderdale	Florida	33312		
Manuger Name		FILL IN SPACE	ES BEFORE USING AT	TED LIABILITY COMPANITACHMENTS ("X" BOX I S FILING OF AMENDMENT. R. *Manager Name	FOR ATTACHMENT	5-52		
Street Address	<u> </u>			* Street Address	• C			
Sireci Address				airee: Address				
City		State	Zip	City	State	Zip		
Manager Nume		• • • • • •		Manager Name				
Sireei Address				• Street Address				
City .	٠.	State	Zip ***	City	State	Zip		
Agent Name		ODE ISLAND	DO NOT ALTER- Chan	ges require filing of Fo	rm 642 - R.1.G.L. 7-16-11			
EVERETT PETROI	NIU, ESU.	<u> </u>		Tin.	Zip	<u> </u>		
Address				City				
1239 HARTFORD AVENUE			иотгиноц	02919-				

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



File Date // · 21 · 02

Check No. 44/65

By: Oc. FOR SECRETARY OF STATE USE ONLY

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

1 Laure in

Clinton Ramsden, Jr., Member