



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

Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401 222 3940

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

1 ID No <b>118821</b>		2 Exact name of the limited liability company <b>Whispering Pines Campground, LLC</b>	
3 State of Formation <b>Rhode Island</b>		4 Brief description of the character of the business which is actually conducted in Rhode Island <b>Own and operate campground</b>	
5 Principal office address <b>41 Saw Mill Road</b>		City <b>Hopkinton</b>	State <b>RI</b>
		Zip <b>02832</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Clint Ramsden, Jr.</b>		Contact Title <b>member</b>	
Street Address <b>2175 State Road 84 41 SAWMILL RD</b>		City <b>HOPKINTON</b>	State <b>RI</b>
		Port/Laurel/Hartford <b>Port Laureldale</b>	Zip <b>02832</b>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> 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 <b>n/a</b>		Manager Name <b>n/a</b>	
Street Address		Street Address	
City	State	Zip	City
Manager Name <b>n/a</b>		Manager Name <b>n/a</b>	
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 <b>Everett Petronio, Jr., Esq.</b>		Address	
Address <b>1239 Hartford Avenue</b>		City <b>Johnston</b>	Zip <b>02919</b>

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

File Date	<b>8/9/06</b>
Check No	<b>3955</b>
By:	<b>[Signature]</b>
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]** **8/1/06**  
Signature of Authorized Person Date  
**Clint Ramsden, Jr., Member**  
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 3940

**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 <b>118821</b>		2. Exact name of the limited liability company <b>Whispering Pines Campground, LLC</b>	
3. State of formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Own and operate campground</b>	
5. Principal office address <b>41 Saw Mill Road</b>		City <b>Hopkinton</b>	State <b>RI</b>
		Zip <b>02832</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <b>Clint Ramsden, Jr.</b> Contact Title <b>Member</b>			
Street Address <b>2175 State Road 84</b>		City <b>Fort Lauderdale</b>	State <b>Fl.</b>
		Zip <b>33312</b>	
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 <b>n/a</b>		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 <b>Everett Petronio, Esq.</b>		Address	
Address <b>1239 Hartford Avenue</b>		City <b>Johnston</b>	Zip <b>02919</b>

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

File Date <u>6/20/05</u>
Check No. <u>3152</u>
By: <u>DA</u>
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 Date

**Clinton Ramsden, Jr., Member**

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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>118821</b>		2. Exact name of the limited liability company <b>Whispering Pines Campground, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>OWN AND OPERATE CAMPGROUND</b>	
5. Principal office address <b>41 Saw Mill Road</b>		City <b>Hopkinton</b>	State <b>RI</b>
		Zip <b>02832</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Clinton Ramsden, Jr.</b>		Contact Title <b>Member</b>	
Street Address <b>2175 State Road 84</b>		City <b>Fort Lauderdale</b>	State <b>Florida</b>
		Zip <b>33312</b>	
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 <b>n/a</b>		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 <b>EVERETT PETRONIO, ESQ.</b>		Address	
Address <b>1239 HARTFORD AVENUE</b>		City <b>JOHNSTON</b>	Zip <b>02919-</b>

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



File Date	<u>10/2/03</u>
Check No.	<u>2269</u>
By:	<u>[Signature]</u>
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] 9/10/03  
Signature of Authorized Person Date  
**Clinton Ramsden, Jr., Member**  
Print or Type 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. 118821		2. Exact name of the limited liability company Whispering Pines Campground, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Own and operate campground.	
5. Principal office address 41 Saw Mill Road		City Hopkinton	State RI
		Zip 02832	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Clinton Ramsden, Jr.		Contact Title Member	
Street Address 2175 State Road 84		City Fort Lauderdale	State Florida
		Zip 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) <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 n/a		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 EVERETT PETRONIO, ESQ.		Address	
Address 1239 HARTFORD AVENUE		City JOHNSTON	Zip 02919-

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



\* 1 1 8 8 2 1 \*

File Date	11.21.02
Check No.	4465
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 herein are true and correct.

Signature of Authorized Person

Date

Clinton Ramsden, Jr., Member

Print or Type Name of Authorized Person