



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. 127222		2. Exact name of the limited liability company Halcyon Ways, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE INVESTMENTS	
5. Principal office address 230 BRISLEVUE AVE 36 WASHINGTON SQUARE		City NEWPORT	State RI
		Zip 02840-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name JOAN E EDENBACH		Contact Title PRINCIPAL	
Street Address 80 ESPLANADE		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 <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 Joan E. Edenbach		*Manager Name :	
Street Address 80 Esplanade		*Street Address :	
City Middletown	State RI	Zip 02842	*City :
*Manager Name :		*Street Address :	
City :		State :	
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 BRIAN G. BARDORF, ESQ.		Address 36 WASHINGTON SQUARE	
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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127222 DLLC 09/08/05 01:50:00 PM

File Date 10/19/05

Check No. 187

By M V

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.

Joan E. Edenbach 10/9/05
Signature of Authorized Person Date
Joan E. Edenbach
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
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Office of the Secretary of State

Matthew A. Brown, Secretary of State
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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. 127222		2. Exact name of the limited liability company Halcyon Ways, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE INVESTMENTS	
5. Principal office address 130 BELLEVUE AVE.		City NEWPORT	State RI
		Zip 02840-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOAN E EDENBACH		Contact Title	
Street Address 80 ESPLANADE		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) <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 Joan E. Edénbach		*Manager Name	
Street Address 80 Esplanade		*Street Address	
City Middletown	State RI	Zip 02842	*City
*Manager Name		*State	
*Street Address		*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 BRIAN G. BARDORF, ESQ.		Address 130 BELLEVUE AVENUE	
Address BARDORF & BARDORF		City NEWPORT	Zip 02840-

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



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127222 DLLC 09/20/04 10:54:29 AM

File Date 11/30/04

Check No. 2003

By: Y

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.

Joan K. Edenbach 9/24/04
Signature of Authorized Person Date

Joan K. Edenbach
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. 127222		2. Exact name of the limited liability company Halcyon Ways, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Investments			
5. Principal office address 130 Bellevue Ave.			City Newport	State RI	Zip 02840
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Joan E. Edenbach			Contact Title		
Street Address 80 Esplanade			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) <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 BRIAN G. BARDORF, ESQ.			Address 130 BELLEVUE AVENUE		
Address BARDORF & BARDORF			City NEWPORT	Zip 02840-	

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



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127222 DLLC 09/22/03 01:39:17 PM

File Date 10-10-03

Check No. 41317

By: Joan E. Edenbach

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.

Joan E. Edenbach 10/6/03
Signature of Authorized Person Date

Joan E. Edenbach
Print or Type Name of Authorized Person