



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. 129023		2. Exact name of the limited liability company Greenvale Farm, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island FARM, DEVELOP, IMPROVE, MAINTAIN, OPERATE AND OTHERWISE DEAL WITH REAL PROPERTY	
5. Principal office address 582 Wapping Road		City Portsmouth	State RI
		Zip 02871	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Nancy Parker - Greenvale Farm LLC		Contact Title Nancy K. Parker - Manager	
Street Address 582 Wapping Road.		City Portsmouth	State RI
		Zip 02871	
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 Nancy Knowles Parker		Manager Name	
Street Address 582 Wapping Road		Street Address	
City Portsmouth	State RI	City	State
Zip 02871		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 NANCY KNOWLES PARKER		Address	
Address 582 WAPPING ROAD		City PORTSMOUTH	Zip 02871-

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



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.

File Date 10/6/05 *129023*

Check No. 2463

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Nancy Knowles Parker 8/19/05
Signature of Authorized Person Date

Nancy Knowles Parker
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. 129023		2. Exact name of the limited liability company Greenvale Farm, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island FARM, DEVELOP, IMPROVE, MAINTAIN, OPERATE AND OTHERWISE DEAL WITH REAL PROPERTY			
5. Principal office address 582 WAPPING ROAD		City PORTSMOUTH	State Rhode Island	Zip 02871	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Greenvale Farm L.L.C.			Contact Title Nancy Knowles Parker, Manager		
Street Address 582 WAPPING ROAD		City PORTSMOUTH	State RI	Zip 02871	
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 Nancy Knowles Parker			Manager Name		
Street Address 582 WAPPING ROAD			Street Address		
City PORTSMOUTH	State RI	Zip 02871	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 NANCY KNOWLES PARKER			Address		
Address 582 WAPPING ROAD		City PORTSMOUTH	Zip 02871-		

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



* 1 2 9 0 2 3 *

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.

File Date 10/4/04
Check No. 1743
By: DA
FOR SECRETARY OF STATE USE ONLY

Nancy Knowles Parker - 9/30/04
Signature of Authorized Person Date
Nancy Knowles Parker
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. 129023		2. Exact name of the limited liability company Greenvale Farm, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island FARM, DEVELOP, IMPROVE, MAINTAIN, OPERATE AND OTHERWISE DEAL WITH REAL PROPERTY	
5. Principal office address Greenvale Farm, 582 Wapping Road		City Portsmouth	State RI
		Zip 02871	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Nancy Knowles Parker		Contact Title Manager	
Street Address		City	State
			Zip
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 Nancy Parker Wilson		Manager Name Elizabeth Knowles Parker	
Street Address 7 Union Park		Street Address 2 Hunter Drive	
City Boston	State MA	Zip 02118	City Morristown
			State NJ
			Zip 07960
Manager Name Stephen W. Parker		Manager Name Cortlandt Parker	
Street Address 78 Dryden Road		Street Address Box 5030 5030	
City Bernardsville	State NJ	Zip 07924	City Clinton
			State NJ
			Zip 08809
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name NANCY KNOWLES PARKER		Address	
Address 582 WAPPING ROAD		City PORTSMOUTH	Zip 02871

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



* 1 2 9 0 2 3 *

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.

File Date 10/30/03

Check No. 2599

By [Signature]

FOR SECRETARY OF STATE USE ONLY

Nancy Knowles Parker Oct-28, 2003
Signature of Authorized Person Date

Nancy Knowles Parker
Print or Type Name of Authorized Person