



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. 109123		2. Exact name of the limited liability company Glass Glen, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVEST & OWN AIRCRAFT	
5. Principal office address 1538 SOUTH COUNTY TRAIL, MILTON HLDGS, INC.		City EAST GREENWICH	State RI
		Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DENNIS E. GLASS		Contact Title .	
Street Address 1538 SOUTH COUNTY TRAIL		City EAST GREENWICH	State RI
		Zip 02818	
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 NONE		*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 SANDRA MATRONE MACK, SEC.		Address 1500 FLEET CENTER	
Address HASLAW, LLC		City PROVIDENCE	Zip 02903

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



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109123 DLLC 09/21/05 03:07:23 PM

File Date 9/28/05

Check No. 171867

By: JMD

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.

Sandra Matrone Mack 9/27/05
Signature of Authorized Person Date

Sandra Matrone Mack, Sec., HASLAW, LLC
Print or Type Name of Authorized Person



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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. 109123		2. Exact name of the limited liability company Glass Glen, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVEST & OWN AIRCRAFT	
5. Principal office address 1538 SOUTH COUNTY TRAIL, MILTON HLDGS, INC.		City EAST GREENWICH	State RI
		Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DENNIS E. GLASS		Contact Title	
Street Address 1538 SOUTH COUNTY TRAIL		City EAST GREENWICH	State RI
		Zip 02818	
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 None		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	City	State	Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND TO BE CONTACTED IN EMERGENCY			
Agent Name SANDRA MATRONE MACK, SEC.		Address 1500 FLEET CENTER	
Address HASLAW, LLC		City PROVIDENCE	Zip 02903

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



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109123 DLLC 09/17/04 11:53:24 AM

File Date 10-1-04

Check No. 163374

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] 9/21/04
Signature of Authorized Person Date

Sandra Matrone Mack, Sec., HASLAW, LLC
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. 109123		2. Exact name of the limited liability company Glass Glen, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVEST & OWN AIRCRAFT	
5. Principal office address 1538 SOUTH COUNTY TRAIL		City EAST GREENWICH	State RI
		Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Dennis E. Glass		Contact Title	
Street Address 1538 South County Trail		City East Greenwich	State RI
		Zip 02818	
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 None		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
			*State
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
			*State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name SANDRA MATRONE MACK, SEC.		Address 1500 FLEET CENTER	
Address HASLAW, LLC		City PROVIDENCE	Zip 02903

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



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109123 DLLC 09/15/03 12:07:02 PM

FILED

File Date: _____

SEP 17 2003

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 herein are true and correct.

Sandra Matrone Mack 9/15/03
Signature of Authorized Person Date

Sandra Matrone Mack, Secretary HASLAW, LLC
Print or Type Name of Authorized Person



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

Edward S. Inman, III, 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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *109123*		2. Exact name of the limited liability company Glass Glen, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVEST & OWN AIRCRAFT			
5. Principal office address 1538 SOUTH COUNTY TRL, MILTON HLDGS		City E GREENWICH	State RI	Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MALCOLM FARMER		Contact Title III			
Street Address 1500 FLEET CENTER		City PROVIDENCE	State RI	Zip 02903-	
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 - 02903-1335 (SEE INSTRUCTIONS ON REVERSE SIDE OF FORM 632 - REV. 12-6-01)					
Agent Name SANDRA MATRONE MACK, SEC.		Address 1500 FLEET CENTER			
Address HASLAW, LLC		City PROVIDENCE	Zip 02903		

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



109123 DLLC9/20/02 11:45 PM

FILED

File Date SEP 30 2002

Check No. By Ce. 146284

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

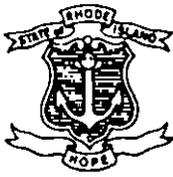
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Sandra Matrone Mack 9/27/02
Signature of Authorized Person Date

Sandra Matrone Mack, Sec., HASLAW, LLC
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 109123

Annual Report for the year 2001

1. The name of the limited liability company is:

Glass Glen, LLC

2. The address of the principal office of the limited liability company is:

c/o Milton Holdings, Inc., 1538 South County Trail, East Greenwich, RI 02818

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: SANDRA MATRONE MACK, SEC.

HASLAW, LLC 1500 FLEET CENTER PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Malcolm Farmer III

1500 Fleet Center, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Invest in and own aircraft

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated

9/19/01

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.

Glass Glen, LLC

Exact Name of Limited Liability Company

By

Sandra Matrone Mack, Secy

Resident Agent

HASLAW, LLC

Title



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FOR SECRETARY OF STATE USE ONLY

File Date:

9-19-01

Check No.:

138250

By:

SA

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State, if the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 109123

Annual Report for the year 2000

1. The name of the limited liability company is:

Glass Glen, LLC

2. The address of the principal office of the limited liability company is:

c/o Milton Holdings, Inc., 1538 South County Trail, East Greenwich, RI 02818

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: SANDRA MATRONE MACK, SEC.

HASLAW, LLC 1500 FLEET CENTER PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Malcolm Farmer III

1500 Fleet Center, Providence, RI 02903

6. A brief statement of the character of the business in which the firm or individual company is actually engaged in this state: Invest in and own aircraft

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated October 23, 2000

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.



Glass Glen, LLC
Exact Name of Limited Liability Company

By Sandra Matrone Mack Sec, HASLAW LLC

Resident Agent

Title

FOR SECRETARY OF STATE USE ONLY
File Date: **FILED**
Check No: OCT 23 2000
By: cc-130904