



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
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

1. ID No. 119630		2. Exact name of the limited liability company MacDougall Family I, 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			
5. Principal office address 15 WALKER STREET			City HOPKINTON	State MA	Zip 01740
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DOUGLAS E. MACDOUGALL			Contact Title		
Street Address 15 WALKER STREET			City HOPKINTON	State MA	Zip 01740
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 Douglas E. MacDougall			*Manager Name		
Street Address 15 Walker Street			*Street Address		
City Hopkinton	State MA	Zip 01748	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 50 KENNEDY PLAZA, SUITE 1500		
Address HASLAW, LLC			City PROVIDENCE	Zip 02903	

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



1 1 9 6 3 0

JAN 24 2007
By AME
11-14002

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

1/3/07
Date

Douglas E. MacDougall
Print or Type Name of Authorized Person

119630 DLLC 11/13/06 04:41:06 PM

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY



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. 119630		2. Exact name of the limited liability company MacDougall Family I, 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			
5. Principal office address 15 Walker Street			City Hopkinton	State MA	Zip 01748
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Douglas E. MacDougall			Contact Title .		
Street Address 15 Walker Street			City Hopkinton	State MA	Zip 01748
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 Douglas E. MacDougall			Manager Name Gordon P. MacDougall		
Street Address 15 Walker Street			Street Address 3913 N. Dumbarton Street		
City Hopkinton	State MA	Zip 01748	City Arlington	State VA	Zip 22207
Manager Name Harriet M. Quirk			Manager Name Susan M. Schultz		
Street Address 67 Forest Street			Street Address 42 Plain Road		
City Sudbury	State MA	Zip 01776	City Wayland	State MA	Zip 01778
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, Secretary			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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FILED	
File Date	NOV 24 2004
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.

Signature of Authorized Person Date 11/23/04

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

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. 119630		2. Exact name of the limited liability company MacDougall Family I, 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			
5. Principal office address 15 WALKER STREET			City HOPKINTON	State MA	Zip 01740
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DOUGLAS E MACDOUGALL			Contact Title		
Street Address 15 WALKER STREET			City HOPKINTON	State MA	Zip 01740
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 Douglas E. MacDougall		Manager Name Gordon P. MacDougall			
Street Address 15 Walker Street		Street Address 3913 North Dumbarton Street			
City Hopkinton	State MA	Zip 01740	City Arlington	State VA	Zip 22207
Manager Name Harriet M. Quirk		Manager Name Susan M. Schultz			
Street Address 67 Forest Street		Street Address 42 Plain Road			
City Sudbury	State MA	Zip 01776	City Wayland	State MA	Zip 01778
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	

FILED

DEC 02 2003

By 13046
dmc

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



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119630 DLLC 11/13/03 09:41:37 AM

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 herein are true and correct.

Sandra Matrone Mack 11/13/03
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

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. *119630*		2. Exact name of the limited liability company MacDougall Family I, 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	
5. Principal office address 15 WALKER STREET		City HOPKINTON	State MA Zip 01740-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Douglas E. MacDougall		Contact Title	
Street Address 15 WALKER STREET		City HOPKINTON	State MA Zip 01748
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 Douglas E. MacDougall		Manager Name	
Street Address 15 WALKER STREET		Street Address	
City HOPKINTON	State MA	Zip 01748	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.



* 1 1 9 6 3 0 *

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 9/19/02
Signature of Authorized Person Date

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

119630 DLLLC9/9/024:55:36 PM

File Date 9/25/2002

Check No. 146048

By: *[Signature]*

FOR SECRETARY OF STATE USE ONLY

RECEIVED
SEP 20 1 07 PM '02
OFFICE OF THE SECRETARY OF STATE