



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. 121832		2. Exact name of the limited liability company Joan's Beach House LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MAINTENANCE, MANAGEMENT AND CARE OF THE REAL ESTATE AND ANY OTHER LAWFUL BUSINESS	
5. Principal office address 824 POMFRET ROAD		City HAMPTON	State CT
		Zip 06247-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROMA H. DUPUIS		Contact Title MEMBER	
Street Address 824 POMFRET ROAD		City HAMPTON	State CT
		Zip 06247-	
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	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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 KATHLEEN G. DI MURO, ESQ.		Address 1340 CRANSTON STREET	
Address		City CRANSTON	Zip 02920

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



1 2 1 8 3 2

File Date 9-28-04
 Check No. 2648
AMF
 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.

Roma H. Dupuis
 Signature of Authorized Person Date 9/23/04
 ROMA H. DUPUIS, 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

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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MAINTENANCE, MANAGEMENT AND CARE OF THE REAL ESTATE AND ANY OTHER LAWFUL BUSINESS	
5. Principal office address 824 POMFRET ROAD		City HAMPTON	State CT
		Zip 06247-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROMA H DUPUIS		Contact Title MEMBER	
Street Address 824 POMFRET ROAD		City HAMPTON	State CT
		Zip 06247-	
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	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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 KATHLEEN G. DIMURO, ESQ.		Address 1340 CRANSTON STREET	
Address		City CRANSTON	Zip 02920-

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



1 2 1 8 3 2

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

ROMA H. DUPUIS, MEMBER

Print or Type Name of Authorized Person

121832 DLLC 09/25/03 12:39:40 PM
FILED
File Date
Check No. OCT 09 2003
By m 8440
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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. *121832*		2. Exact name of the limited liability company Joan's Beach House LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Maintenance, management and care of the real estate			
5. Principal office address 824 Pomfret Road		City Hampton	State CT	Zip 06247	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name Roma H. Dupuis		Contact Title Member			
Street Address 824 Pomfret Road		City Hampton	State CT	Zip 06247	
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	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 KATHLEEN G. DIMURO, ESQ.		Address 1340 CRANSTON STREET			
Address		City CRANSTON	Zip 02920-		

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



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File Date **FILED**

Check No. **NOV 26 2002**

By: **ca 1934**

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

Roma H. Dupuis, Member

Print or Type Name of Authorized Person