



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. 119934		2. Exact name of the limited liability company Cowesett Hills Associates, 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 75 LAMBERT LIND HIGHWAY		City WARWICK	State RI
		Zip 02886-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name STEPHEN J CARLOTTI		Contact Title .	
Street Address C/O 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 Ronald R.S. Picerne		*Manager Name .	
Street Address 75 Lambert Lind Highway		*Street Address .	
City Warwick	State RI	Zip 02886	*City .
*State .		*State .	
*Zip .		*Zip .	
Manager Name .		*Manager Name .	
Street Address .		*Street Address .	
City .	State .	Zip .	*City .
*State .		*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 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 9 3 4

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.

119934 DTG 10/19/05 02:31:12 PM

FILED

File Date
JUL 28 2006

Check No.

By: *3V [Signature]*

FOR SECRETARY OF STATE USE ONLY

Sandra Matrone Mack 7/26/06
Signature of Authorized Person Date

Sandra Matrone Mack, Secretary, HASLAW, LLC
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. 119934		2. Exact name of the limited liability company Cowesett Hills Associates, 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 75 Lambert Lind Highway			City Warwick	State RI	Zip 02886
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Stephen J. Carlotti			Contact Title		
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 Ronald R.S. Picerne			*Manager Name		
Street Address 75 Lambert Lind Highway			*Street Address		
City Warwick	State RI	Zip 02886	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, 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.



1 1 9 9 3 4

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: 11/15/04

Check No. 164374 M50003

By: KML

FOR SECRETARY OF STATE USE ONLY

Sandra Matrone Mack 11/11/04
Signature of Authorized Person Date

Sandra Matrone Mack, Secretary HASLAW, LLC
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. 119934		2. Exact name of the limited liability company Cowesett Hills Associates, 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 75 LAMBERT LIND HIGHWAY		City WARWICK	State RI
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name STEPHEN J CARLOTTI		Contact Title	
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 Ronald R. S. Picerne		*Manager Name	
Street Address 75 Lambert Lind Highway		*Street Address	
City Warwick	State RI	Zip 02886	*City
*Manager Name		*State	
*Street Address		*Zip	
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 9 3 4

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.

*119934 DLLC 09/12/03 11:38:00 AM
FILED
File Date
Check No. OCT 01 2003
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

[Signature] 9/29/03
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. *119934*		2. Exact name of the limited liability company Cowesett Hills Associates, 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 75 LAMBERT LIND HIGHWAY			City WARWICK	State RI	Zip 02886-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Stephen J. Carlotti			Contact Title		
Street Address Hinckley, Allen & Snyder LLP, 1500 Fleet Center, Providence			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 Ronald R. S. Picerne			Manager Name		
Street Address 2568 E. Denton Lane			Street Address		
City Phoenix	State AZ	Zip 85016	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 9 3 4 *

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.

119934 DLLC9/12/022:10:54 PM

Efile Date 9/25/2002

Check No. 145890

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

SEP 20 10 50 AM '02

[Signature] 9/19/02

Signature of Authorized Person Date

Sandra Matrone Mack, Sec., HASLAW, LLC

Print or type Name of Authorized Person