



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. 113139		2. Exact name of the limited liability company Van Dongen Holding Company, 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 HOLDINGS	
5. Principal office address 372 IVES STREET		City PROVIDENCE	State RI
		Zip 02906-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CRAIG VANDONGEN		Contact Title -	
Street Address 372 IVES STREET		City PROVIDENCE	State RI
		Zip 02906-	
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 CRAIG VANDONGEN		Manager Name .	
Street Address 372 IVES STREET		Street Address .	
City PROVIDENCE	State RI	Zip 02906	City .
State .	Zip .	City .	State .
Manager Name .	Manager Name .		
Street Address .		Street Address .	
City .	State .	Zip .	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 SCOTT T. SPEAR, ESQ.		Address 30 EXCHANGE TERRACE	
Address BLISH & CAVANAGH, LLP		City PROVIDENCE	Zip 02903-

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



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113139 DLLC 10/20/04 01:42:15 PM	
File Date	11/28/05
Check No.	1002
By:	DA
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 11/10/05
Craig Van Dongen, Manager
Print or Type Name of Authorized Person



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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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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 CRAIG VANDONGEN		• Manager Name			
Street Address 372 IVES STREET		• Street Address			
City PROVIDENCE	State RI	Zip 02906	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 SCOTT T. SPEAR, ESQ.		Address 30 EXCHANGE TERRACE			
Address BLISH & CAVANAGH, LLP		City PROVIDENCE		Zip 02903-	

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



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113139 DLLC 10/20/04 01:42:15 PM

File Date 11-15-04

Check No. 4858

By: AMK

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.

Craig Van Dongen 11/9/04
Signature of Authorized Person Date
Craig Van Dongen, Manager
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)

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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 REAL ESTATE HOLDINGS	
5. Principal office address 372 IVES STREET		City PROVIDENCE	State RI
		Zip 02906-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CRAIG VANDONGEN		Contact Title	
Street Address 372 IVES STREET		City PROVIDENCE	State RI
		Zip 02906-	
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 CRAIG VANDONGEN		Manager Name	
Street Address 372 IVES STREET		Street Address	
City PROVIDENCE	State RHODE ISLAND	City	State
Zip 02906		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 SCOTT T. SPEAR, ESQ.		Address 30 EXCHANGE TERRACE	
Address BLISH & CAVANAGH, LLP		City PROVIDENCE	Zip 02903-

FILED

NOV 14 2003

By cmc

C 11830

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



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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.

Craig Van Dongen 11-13-03
Signature of Authorized Person Date

Craig Van Dongen, Manager

Print or Type Name of Authorized Person

113139 DLLC 10/22/03 11:50:35 AM

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

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. 113139		2. Exact name of the limited liability company Van Dongen Holding Company, 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 HOLDINGS	
5. Principal office address 372 Ives Street		City Providence	State Rhode Island
		Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Craig Van Dongen		Contact Title Manager	
Street Address 372 Ives Street		City Providence	State Rhode Island
		Zip 02906	
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 Craig Van Dongen		Manager Name	
Street Address 372 Ives Street		Street Address	
City Providence	State Rhode Island	City	State
Zip 02906		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 SCOTT T. SPEAR, ESQ.		Address BLISH & CAVANAGH, LLP	
Address 30 EXCHANGE TERRACE		City PROVIDENCE	Zip 02903

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



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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 9-10-02
Check No. 4277
By: AMF
FOR SECRETARY OF STATE USE ONLY

Craig Van Dongen 9-5-02
Signature of Authorized Person Date
Craig Van Dongen, Manager
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 113139

Annual Report for the year 2001

1. The name of the limited liability company is:
Van Dongen Holding Company, LLC
2. The address of the principal office of the limited liability company is:
372 Ives Street, Providence, Rhode Island 02906
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: SCOTT T. SPEAR, ESQ.
BLISH & CAVANAGH, LLP 30 EXCHANGE TERRACE 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: Craig VanDongen, 372 Ives Street, Providence, Rhode Island 02906
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: real estate holdings
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>Craig VanDongen</u>	<u>372 Ives Street, Providence, Rhode Island 02906</u>
_____	_____
_____	_____

Dated 9/20/01



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.

Van Dongen Holding Company, LLC
Exact Name of Limited Liability Company

By Craig VanDongen
Manager
Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10/10/2001</u>
Check No.:	<u>3965</u>
By:	<u>[Signature]</u>

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