



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. <u>114639</u>		2. Exact name of the limited liability company <u>CODA, LLC (CODA)</u>			
3. State of Formation <u>R.I.</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Land Holding Company</u>			
5. Principal office address <u>7 Sherwood DR</u>		City <u>HOPE</u>	State <u>R.I.</u>	Zip <u>02831</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>DAVID ERICKSON</u>			Contact Title <u>member</u>		
Street Address <u>7 Sherwood DR</u>		City <u>HOPE</u>	State <u>R.I.</u>	Zip <u>02831</u>	
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 - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <u>DAVID ERICKSON</u>			Address		
Address <u>7 Sherwood DR.</u>		City <u>HOPE</u>	Zip <u>02831</u>		

RECEIVED
 OFFICE OF STATE
 CORPORATIONS DIV
 SEP 20 AM 11:40

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

FILED

SEP 20 2005

By Kane (9743)

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] 9/20/05
Signature of Authorized Person Date

DAVID ERICKSON
Print or Type Name of Authorized Person

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 114639		2. Exact name of the limited liability company CODA, LLC			
3. State of Formation R.I.		4. Brief description of the character of the business which is actually conducted in Rhode Island LAND HOLDING COMPANY			
5. Principal office address 7 Sherwood DR.			City Hopk	State R.I.	Zip 02831
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name David Erickson			Contact Title member		
Street Address 7 Sherwood DR.			City Hopk	State R.I.	Zip 02831
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 - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name David Erickson			Address		
Address 7 Sherwood DR.			City Hopk	State R.I.	Zip 02831

FILED

SEP 20 2005

By KMC C 07431

RECEIVED
STATE OF RHODE ISLAND
CORPORATIONS DIV
09 SEP 20 AM 11:40

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

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] 9/20/05
Signature of Authorized Person Date

David Erickson
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY



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

Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

2002

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 114639		2. Exact name of the limited liability company CODA, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island land holding company and all other lawful purposes	
5. Principal office address 7 Sherwood Drive		City Hope	State RI
		Zip 02831	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name David Erickson		Contact Title title	
Street Address 7 Sherwood Drive		City Hope	State RI
		Zip 02831	
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 - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name David Erickson		Address 7 Sherwood Drive	
Address		City Hope	State RI
		Zip 02831	

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

FILED	
File Date	AUG 20 2003
Check No.	By <u>MM-3801 GAN</u>
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.

David Erickson - member 8/19/03
Signature of Authorized Person Date
David Erickson
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

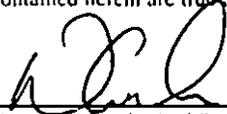
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 114639		2. Exact name of the limited liability company COOA, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Land Holding Company			
5. Principal office address 7 Sherwood DR.			City HOPE	State R.I.	Zip 02831
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DAVID ERICKSON			Contact Title Member		
Street Address 7 Sherwood DR			City HOPE	State R.I.	Zip 02831
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 - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name DAVID ERICKSON			Address		
Address 7 Sherwood DRive			City HOPE	Zip 02831	

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

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 **10/8/03**
Date

DAVID ERICKSON
Print or Type Name of Authorized Person

File Date	10/24/03
Check No.	1174
By:	
FOR SECRETARY OF STATE USE ONLY	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number 14639

Annual Report for the year 2001

1. The name of the limited liability company is:

CODA, LLC

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

120 Hope Rd Cranston, R.I. 02921

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: DAVID ERICKSON

120 Hope Rd Cranston, R.I. 02921

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: DAVID ERICKSON 120 HOPE RD CRANSTON, RI 02921

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real Estate management

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

Name	Address
<u>DAVID ERICKSON</u>	<u>120 HOPE RD CRANSTON, R.I. 02921</u>

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.

Date: 10/31/01

CODA, LLC
Exact Name of Limited Liability Company

By [Signature]
president
Title

FILED
OCT 31 2001
By [Signature] #
1211