



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. 97042		2. Exact name of the limited liability company Halvorsen, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL PROPERTY OWNERSHIP	
5. Principal office address 55 PAWTUCKET AVENUE, SUITE D		City EAST PROVIDENCE	State RI Zip 02916
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MANAGER		Contact Title	
Street Address 55 PAWTUCKET AVENUE		City EAST PROVIDENCE	State RI Zip 02916
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 DEBORAH J. MEYERS		Manager Name	
Street Address 55 PAWTUCKET AVENUE		Street Address	
City EAST PROVIDENCE	State RI	Zip 02916	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 JAMES P. REDDING, ESQ.		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.



9 7 0 4 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 12/30/05

James P. Redding  
Print or Type Name of Authorized Person

\*97042 DLLC 10/17/05 01:27:18 PM\*

File Date 1/27/06

Check No. 0593

By: KMC

FOR SECRETARY OF STATE USE ONLY



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 97042		2. Exact name of the limited liability company Halvorsen, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL PROPERTY OWNERSHIP	
5. Principal office address 55 PAWTUCKET AVENUE		City EAST PROVIDENCE	State RI Zip 02916
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name MANAGER Contact Title .			
Street Address 55 PAWTUCKET AVENUE		City EAST PROVIDENCE	State RI Zip 02916
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. IF YOU ARE FILING IN SPACES BEFORE USING ATTACHMENTS, USE "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 Deborah J. Meyers		Manager Name .	
Street Address 55 Pawtucket Avenue		Street Address .	
City Pawtucket	State RI	Zip 02916	City .
Manager Name .		Manager Name .	
Street Address .		Street Address .	
City .	State .	Zip .	City .
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JAMES P. REDDING, ESQ.		Address 1500 FLEET CENTER	
Address .		City PROVIDENCE	Zip 02903

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



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\*97042 DLLC 09/28/04 03:13:32 PM\*

File Date 11/8/04

Check No. 164252

By: 18

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

James P. Redding

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. 97042		2. Exact name of the limited liability company Halvorsen, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL PROPERTY OWNERSHIP	
5. Principal office address 55 PAWTUCKET AVENUE, SUITE D		City EAST PROVIDENCE	State RI Zip 02916
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MANAGER		Contact Title	
Street Address 55 PAWTUCKET AVENUE		City EAST PROVIDENCE	State RI Zip 02916
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 Deborah J. Meyers		Manager Name	
Street Address 55 Pawtucket Avenue		Street Address	
City East Providence	State RI	Zip 02916	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 JAMES P. REDDING, ESQ.		Address 1500 FLEET CENTER	
Address		City PROVIDENCE	Zip 02903

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



9 7 0 4 2

\*97042 DLLC 10/15/03 11:43:26 AM\*

File Date 12.11.03

Check No. 157253

By: [Signature]

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

James P. Redding

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. *97042*		2. Exact name of the limited liability company Halvorsen, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL PROPERTY OWNERSHIP	
5. Principal office address 55 PAWTUCKET AVENUE, SUITE D		City EAST PROVIDENCE	State RI Zip 02916
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MANAGER		Contact Title	
Street Address 55 PAWTUCKET AVENUE		City EAST PROVIDENCE	State RI Zip 02916
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 Deborah J. Meyers		Manager Name	
Street Address 55 Pawtucket Avenue		Street Address	
City East Providence	State RI	Zip 02916	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 JAMES P. REDDING, ESQ.		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.



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

James P. Redding

Print or type name of Authorized Person

\*97042 DLLC10/21/02 11:15:59 AM\*

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

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 DLIC 97042

Annual Report for the year 2001

1. The name of the limited liability company is:

Halvorsen, LLC.

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

55 Pawtucket Avenue, East Providence, RI 02916

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: JAMES P. REDDING, ESQ.

HASLAW, LLC 1500 FLEET CENTER 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: Manager

55 Pawtucket Avenue, East Providence, RI 02916

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

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

Deborah J. Meyers

55-Pawtucket-Avenue, East Providence, RI 02916

Dated 10-15-01



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.

Halvorsen, LLC

Exact Name of Limited Liability Company

By Resident Agent

Title

Form No. 632  
Revised 01/99

FOR SECRETARY OF STATE USE ONLY  
File Date: 10-22-01  
Check No.: 138951  
By: [Signature]

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

**To be filed annually between  
September 1 and November 1**



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

ID Number 97042 Annual Report for the year 2000

1. The name of the limited liability company is:  
Halvorsen, LLC
2. The address of the principal office of the limited liability company is:  
55 Pawtucket Avenue East Providence, RI 02916
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: James P. Redding, Esq.  
1500 Fleet Center, 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: Manager  
55 Pawtucket Avenue East Providence, RI 02916
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real property ownership
7. If the limited liability company has managers, the name and address of each manager of the limited liability company  

<i>Name</i>	<i>Address</i>
<u>Deborah J. Meyers</u>	<u>55 Pawtucket Avenue East Providence, RI 02916</u>

Dated 11/11 00

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.

**FILED**

JAN 03 2001

By DND 13272P

Halvorsen, LLC  
Exact Name of Limited Liability Company

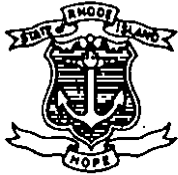
By \_\_\_\_\_

~~Resident Agent~~

Title

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 LL 97042

Annual Report for the year 1999

1. The name of the limited liability company is:  
Halvorsen, LLC.
2. The address of the principal office of the limited liability company is:  
55 Pawtucket Avenue, Suite D
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: GIRARD R. VISCONTI, ESQ.  
VISCONTI & BOREN LTD. 55 DORRANCE STREET 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: Deborah J. Meyers, 55 Pawtucket Avenue, Suite D,  
East Providence, RI 02916
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate
7. If the limited liability company has managers, the name and address of each manager of the limited liability company  

Name	Address
<u>Deborah J. Meyers</u>	<u>55 Pawtucket Avenue, Suite D</u>
<u></u>	<u>East Providence, RI 02916</u>
<u></u>	<u></u>

Dated \_\_\_\_\_



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.

Halvorsen, LLC

Exact Name of Limited Liability Company

By

Deborah J. Meyers  
President/Manager

Title

FOR SECRETARY OF STATE USE ONLY  
File Date:

NOV 09 1999

Check No.:

SECY OF STATE

By:

Form No. 632  
Revised 01/99

P. 03

To be filed annually between  
September 1 and November 1



Telephone (404) 212-3540

LIMITED LIABILITY COMPANY

calendar report for the year 1998

- Haver, LLC

2. The address of the principal office of the institution having custody is

3. The following are the names of the persons who have been appointed to the various positions in the organization:

- [illegible]

- to whom

6. The above information is being furnished to you for your information only and is not to be used for any other purpose.

1. Name of the company, its address and telephone number  
Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

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10/30 .98

On 10/10/68, the undersigned examined this document and found it to be a true and correct copy of the original, and the undersigned certifies that the same is a true and correct copy of the original.

8. 11. 55

File Date 11.2.98  
Check No 890  
100

Edna J. Meyers  
President. Manager