



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. <b>95647</b>		2. Exact name of the limited liability company <b>THE FOREWEST GROUP, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>OWNING AND MAINTAINING A GOLF COURSE AND CLUB HOUSE.</b>	
5. Principal office address <b>450 Wakefield Street</b>		City <b>West Warwick</b>	State <b>RI</b>
		Zip <b>02893</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Mary Quinn Williamson</b>		Contact Title <b>President</b>	
Street Address <b>450 Wakefield Street</b>		City <b>West Warwick</b>	State <b>RI</b>
		Zip <b>02893</b>	
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	City	State
Zip		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 <b>JOHN C. REVENS, JR.</b>		Address	
Address <b>946 CENTERVILLE ROAD</b>		City <b>WARWICK</b>	Zip <b>02886</b>

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



File Date	<u>11/30/05</u>	95647*
Check No.	<u>8879</u>	
By:	<u>[Signature]</u>	
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.

Mary Q. Williamson 10/30/05  
Signature of Authorized Person Date  
Mary Q. Williamson  
Print or Type Name of Authorized Person



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# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>95647</b>		2. Exact name of the limited liability company <b>THE FOREWEST GROUP, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>OWNING AND MAINTAINING A GOLF COURSE AND CLUB HOUSE.</b>			
5. Principal office address <b>450 Wakefield Street</b>		City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Mary Quinn Williamson</b>		Contact Title <b>President</b>			
Street Address <b>450 Wakefield Street</b>		City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	
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 <b>JOHN C. REVENS</b>		Address			
Address <b>946 CENTERVILLE ROAD</b>		City <b>WARWICK</b>	Zip <b>02886</b>		

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



\* 9 5 6 4 7 \*

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

Mary Q. Williamson

Print or Type Name of Authorized Person

File Date 12/28/04  
Check No. 7866  
By: W.

FOR SECRETARY OF STATE USE ONLY



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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. <b>95647</b>		2. Exact name of the limited liability company <b>THE FOREWEST GROUP, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>OWNING AND MAINTAINING A GOLF COURSE AND CLUB HOUSE.</b>			
5. Principal office address <b>450 Wakefield Street</b>		City <b>West Warwick</b>		State <b>RI</b>	Zip <b>02893</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <b>Mary Quinn Williamson</b> Contact Title <b>President</b>					
Street Address <b>450 Wakefield Street</b>		City <b>West Warwick</b>		State <b>RI</b>	Zip <b>02893</b>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENT					
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 <b>JOHN C. REVENS</b>			Address		
Address <b>946 CENTERVILLE ROAD</b>			City <b>WARWICK</b>		Zip <b>02886</b>

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



\* 9 5 6 4 7 \*

File Date 10.7.03  
Check No. 6660  
By: Q

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.

Mary Q. Williamson 9/29/2003  
Signature of Authorized Person Date

Mary Q. Williamson

Print or Type Name of Authorized Person



# 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. <b>95647</b>		2. Exact name of the limited liability company <b>THE FOREWEST GROUP, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>OWNING AND MAINTAINING A GOLF COURSE AND CLUB HOUSE.</b>	
5. Principal office address <b>450 Wakefield Street</b>		City <b>West Warwick</b>	State <b>RI</b>
		Zip <b>02893</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Mary Quinn Williamson</b>		Contact Title <b>President</b>	
Street Address <b>450 Wakefield Street</b>		City <b>West Warwick</b>	State <b>RI</b>
		Zip <b>02893</b>	
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		Street Address	
City		State	Zip
Manager Name		Street Address	
City		State	Zip
Manager Name		Street Address	
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 <b>JOHN C. REVENS</b>		Address	
Address <b>946 CENTERVILLE ROAD</b>		City <b>WARWICK</b>	Zip <b>02886</b>

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



\* 9 5 6 4 7 \*

File Date	<u>10-2-02</u>
Check No.	<u>5668</u>
By:	<u>[Signature]</u>
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.

Mary Q. Williamson 9/23/02  
Signature of Authorized Person Date  
  
Mary Q. Williamson  
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 DLIC 95647

Annual Report for the year 2001

1. The name of the limited liability company is:

THE FOREWEST GROUP, LLC

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

450 Wakefield Street, West Warwick, RI 02893

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: JOHN C. REVENS

946 CENTERVILLE ROAD WARWICK RI 02886

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: Mary Quinn Williamson

450 Wakefield Street, West Warwick, RI 02893

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Owning and maintaining a golf course and club house, and any other lawful purpose

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

Name	Address
_____	_____
_____	_____
_____	_____

Dated 9/24/01



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.

THE FOREWEST GROUP, LLC

Exact Name of Limited Liability Company

By Mary D. Williamson  
President

Title

Form No. 632  
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-27-01</u>
Check No.:	<u>46605</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

**LIMITED LIABILITY COMPANY****Annual Report for the year 2000**

1. The name of the limited liability company is:  
THE FOREWEST GROUP, LLC
2. The address of the principal office of the limited liability company is:  
450 Wakefield Street, West Warwick, Rhode Island 02893
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: JOHN C. REVENS  
946 CENTERVILLE ROAD WARWICK RI 02886
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: Mary Quinn Williamson, 450 Wakefield Street  
West Warwick, RI 02893
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Owning and maintaining a golf course and club house, and any other lawful purpose
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></u>     | <u></u>        |
| <u></u>     | <u></u>        |

Dated 10/4/00



THE FOREWEST GROUP, LLC

**Exact Name of Limited Liability Company**

By Mary Q. Williams  
President  
Title \_\_\_\_\_

File Date: 10-10-00

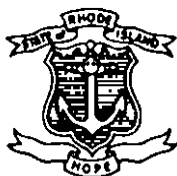
Check No.: 3632

By: *AMF*

Form No. 632  
Revised 01/99

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 95647

Annual Report for the year 1999

1. The name of the limited liability company is:  
THE FOREWEST GROUP, LLC
2. The address of the principal office of the limited liability company is:  
450 Wakefield Street, West Warwick, Rhode Island 02893
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: JOHN C. REVENS  
946 CENTERVILLE ROAD WARWICK, RI 02886
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: Mary Quinn Williamson, 450 Wakefield Street, West Warwick,  
Rhode Island 02893
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Owning and maintaining a golf course and club house, and any other lawful purpose
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

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.



\* 9 5 6 4 7 \*

THE FOREWEST GROUP, LLC

Exact Name of Limited Liability Company

By \_\_\_\_\_

*Mary Q. Williamson*

President

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

NOV 10 1999

Check No.:

SECY OF STATE

By:

Form No. 632  
Revised 01/99

**Filing Fee: \$50.00**

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



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100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

**LIMITED LIABILITY COMPANY**

**ID Number LL 95647**

## Annual Report for the year 1998

- 1. The name of the limited liability company is:**

**THE FOREWEST GROUP, LLC**

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

450 Wakefield Street, West Warwick, Rhode Island 02893

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: JOHN C. REVENS

946 CENTERVILLE ROAD WARWICK, RI 02886

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: Mary Quinn Williamson, 450 Wakefield Street, West

Warwick, Rhode Island 02893

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Owning and maintaining a golf course and club house, and any other lawful purpose

- [illegible]

Dated 9-24, 19 <sup>98</sup>



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.

THE FOREWEST GROUP, LLC

**Exact Name of Limited Liability Company**

By

President

Time

Form No. LLC-19  
Revised 8/97

DETACH BOTTOM BEFORE RETURNING