

## 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: Septem (FORM MUST BE TYPED		• Filing Fee: \$5	0.00			
1. ID No. 95647		REWEST GROUP, LLC				
3. State of Formation RHODE ISLAND			nusiness which is actually conducted in Rb DLF COURSE AND CLUB HOUSE.	ode Island		
5. Principal office address	- <del>!</del>		City	State	Zψ	
450 Wakef:	ield Street		West Warwick	RI	02893	
6. MAILING ADDRE	SS OF LIMITED LIABI	LITY COMPANY AN	D NAME OR TITLE OF CONTAC	T PERSON:		
Contact Name			Contact Title			
<del></del>	Williamson		President			
Street Address			Clty	State	Z(p	
450 Wakef:	ield Street		West Warwick	RI	02893	
			G ATTACHMENTS ("X" BOX I	CHMENTS ("X" BOX FOR ATTACHMENT)  LING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 :		
Sireci Address			Street Address	Street Address		
City	State	Zip	Clty	State	Zip	
Manager Name	_		Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Agent Name	8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name  JOHN C. REVENS, JR.			s require filing of Form 642 - R.I.G.L. 7-16-11  Address		
Address	Address			Zip		
946 CENTERVILLE RO	946 CENTERVILLE ROAD			0288	02886	

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

File Date 11/30/05 95647°
Check No.
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.

11/4010/01

Date

Mary Q. Williamson



Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

#### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_ 2004

FRAM MUST BE TYPE.	D OR PRINT	TED IN BLACK)	- Fring Fee: 350					
1. ID No.	2. Exact	2. Exact name of the limited liability company						
95647	THE F	HE FOREWEST GROUP, LLC						
3. State of Formation		4. Brief descripti	on of the character of the h	isiness which is actually conducted in	Rhode Island			
RHODE ISLAND		OWNING A	ND MAINTAINING A GO	OLF COURSE AND CLUB HOU	SE.			
5. Principal office addr. [450 Wak		Street		Gity West Warwick	k State	2φ 02893		
6. MAILING ADDR Contact Name Mary Qui			ILITY COMPANY ANI	Contact Title	ME OR TITLE OF CONTACT PERSON:  Contact Title  President			
Street Address 450 Wake	field S	Street		Guy West Warwic	k State	02893		
A		FILL IN SI	PACES BEFORE USING	D LIABILITY COMPANY, IF G ATTACHMENTS ("X" BO RES FILING OF AMENDMEN	X FOR ATTACHMENT	· <del>-</del>		
Manaver Name				Манада Хата				
Street Address				Street Address	Since Address			
City	•	State	Zip	City	State	Zip		
Manager Name		l		Manager Name	Manager Name			
Street Address			·	Street Address	Street Address			
City		State	Zψ	City	State	Zip		
8. RESIDENT AGE Agent Name	NT IN RH	ODE ISLAND	- DO NOT ALTER - C	hanges require filing of Fo	orm 642 - R.I.G.L. 7-1	6-11		
JOHN C. REVENS			<del></del>			Ζip		
Address				Cuỳ	Cliy			
946 CENTERVILLE	ROAD		_	WARWICK	WARWICK 02886			
		. This report	must be signed in ink	by an authorized person purs	uant to R.I.G.L. 7-16-	66.		
	1   <b>  1   2</b>     1   1	    <b>                                 </b>	 					

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

Mary Q. Williamson



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

2003

(FORM MUST HE TYPED							
1. ID No.		2. Exact name of the limited liability company					
95647	<u> </u>	THE FOREWEST GROUP, LLC					
3. State of Formation		4. Brief description of the	character of the business whi	ch is actually conducted in Rhyde Isla	nd		
RHODE ISLAND		OWNING AND MAII	NTAINING A GOLF COU	RSE AND CLUB HOUSE.			
5. Principal office addres	<u></u>			City	State	<del></del>	Zip
450 Wak	efiel	.d Street		West Warwick	RI	j	•
			COMPANY AND NAME	OR TITLE OF CONTACT PER	SON:	i	02893
L Contact Name		nn Williamso		Comaci Tile President	.50N:		
Street Address				City	State	<del></del>	Zip
450	Wakef	Cield Street	;	West Warwick	RI		02893
7. NAME AND ADD	RESS OF	EACH MANAGER O	F THE LIMITED LIABI	: LITY COMPANY, IF APPLICA		ı	02073
propose adoption of the course		FILL IN SPACES	REFORE HISING ATTAC	Hamaresaulus pos coe e	BLr,	🕶	
Street Address		<del>_</del>		Street Address			
				STATE AND ASS			
City		State	Zip	City	State		Zip
				•			
Manager Name				Manager Name	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••••
			<u> </u>				
Street Address				Street Address			
			T	<u> </u>			
City		State	Z.lp	City	State	•	Zip
8 RESIDENT AGEN	l Tin Rha	ODE ISLAND . DO N	  OT ALTER - Changes	econics filips of Form 643	 	<u> </u>	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes Agent Name			Address	R.I.G.L. /-1	0-11		
JOHN C. REVENS							
						<del></del>	<u> </u>
946 CENTERVILLE ROAD			WARWICK		<i>Zip</i> <b>02886</b>		
				<del></del>			<del></del>

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

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File Date	10.7.03	
Check No.	6660	
Ву:	<b>Q</b> .	
1	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 1

Mary Q. Williamson



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 <u>2002</u>

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. ID No. 2. Exact name of the limited liabilty company 95647 THE FOREWEST GROUP, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING AND MAINTAINING A GOLF COURSE AND CLUB HOUSE. RHODE ISLAND 5. Principal office address City State Zip Wakefield Street West Warwick RI 02893 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title Mary Quinn Williamson President Street Address City State 450 Wakefield Street West Warwick RT 02893 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS "("X" BOX FOR ATTACHMENT ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name \* Street Address Street Address City City State Zip State Manager Name Manager Name ·Street Address Street Address City Zip City State Zip State 8. RESIDENT AGENT IN RHODE ISLAND-DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 gent Name Address JOHN C. REVENS City Zip Address 946 CENTERVILLE ROAD WARWICK 02886

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



-	10.2.02
File Date	
Check No.	5668
<i>B<u>y∵</u></i>	21
FOR SECRE	TARY 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.

Date

Signature of Authorized Person

Mary Q. Williamson

Filing Fee: \$50.00

Check No.:

By:

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

D	Number DLLC 95647	Annual Report for the year 2001
1.	The name of the limited liability company i	s:
	THE FOREWEST GROUP, LLC	
2.	The address of the principal office of the li	
3.	The state or other jurisdiction under the la	ws of which it is formed is RHODE ISLAND
4.	The name and address of its resident age	ent is: JOHN C. REVENS
	946 CENTERVILLE ROAD WARWICK R	RI 02886
5.	The current mailing address of the limited  Mary Quinn W may be directed are:	l liability company and the name or title of a person to whom communications
	450 Wakefield Street, We	est Warwick, RI 02893
6. 7.	state: Owning and maintaining a	e business in which the limited liability company is actually engaged in this a golf course and club house, and any other lawful purpose ers, the name and address of each manager of the limited liability company Address
Da	ated <u>9   2 +   0  </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.
	18	THE FOREWEST GROUP, LLC  Exact Name of Limited Liability Company
File	FOR SECRETARY OF STATE USE ONLY Date: 9-27-0/	By_ Mary Q. Williamsr
	1 2101	?resident

DETACH BOTTOM BEFORE RETURNING

Title

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	ID Number DLLC 95647	Annual Report for the year 2000					
1.	The name of the limited liability company is:						
	THE FOREWEST GROUP, LLC						
2.	2. The address of the principal office of the limited liai	pility company is:					
	450 Wakefield Street, West Warwick,	Rhode Island 02893					
3.	3. The state or other jurisdiction under the laws of whi	ich it is formed is RHODE ISLAND					
4.	4. The name and address of its resident agent is: JO	HN C. REVENS					
	946 CENTERVILLE ROAD WARWICK RI 02886						
5.	5. The current mailing address of the limited liability of	company and the name or title of a person to whom communication					
	may be directed are:  Mary Quinn Williamson, 450 Wakefield Street						
	West Warwick, RI 02	2893					
6.	6. A brief statement of the character of the busines	s in which the limited liability company is actually engaged in thi					
	state: Owning and maintaining a golf co	ourse and club house, and any other lawful purpose					
7.	7. If the limited liability company has managers, the invariant in	name and address of each manager of the limited liability company Address					
Da	repor that a	r penalty of perjury, I declare and affirm that I have examined thi t, including any accompanying schedules and statements, an Ill statements contained herein are true and correct.					
		HE FOREWEST GROUP, LLC					

FOR SECRETARY OF STATE USE ONLY
File Date: // -//)-//

Check No.: 3632

By: AMF

Exact Name of Limited Liability Company

By Wary W. Williams

Title

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 <u>LL 95647</u>	Annual Report for the year 1999					
1.	The name of the limited liability company is:  THE FOREWEST GROUP, LLC						
2.							
3.	The state or other jurisdiction under the laws	s 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, R	1 02886					
5.	The current mailing address of the limited lia	ability company and the name or title of a person to whom communications illiamson, 450 Wakefield Street, West Warwick,					
	Rhode Islan	d 02893					
<ol> <li>7.</li> </ol>	state: Owning and maintaining lawful purpose	a golf course and club house, and any other  s, the name and address of each manager of the limited liability company  Address					
File	FOR SECRETARY OF STATE DE ONLY Date:  NOV 1 0 1999(N) 3300 Ck No.:  SECRY OF STATE	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 Way C. Williams  President  Title  Form No. 632					



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 <u>LL 95647</u>	Annual Report for the year 1998			
1.	The name of the limited liability compa	апу is:			
	THE FOREWEST GROUP, LLC				
2.	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	ne 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 WARWIG	CK, RI 02886			
<ol> <li>6.</li> <li>7.</li> </ol>	Communications may be directed are:  Warwick, Rhode Island  A brief statement of the character of state:  Owning and maintai purpose	Mary Quinn Williamson, 450 Wakefield Street, West  02893  the business in which the limited liability company is actually engaged in this ning a golf course and club house, and any other lawful nagers, the name and address of each manager of the limited liability company Address			
File	FOR SECRETARY OF STATE LISE ONLY E Date: 9.05.08	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 Man A. William S.  President  Title			