

\* 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

Form 632 Rev. 6/02

2005

| Filing Period: Septe                      | mber J    | - November I 🏓                             | PANY ANNUA<br>Filing Fee: \$50.00                              | L REPORT F                      | OR THE YE  | AR  |  |
|---|-----------|--|--|---------------------------------|--|---|--|
| (FORM MUST BE TYPE                        |           | RINTED IN BLACK) I name of the limited lia | hills comment  |                                 | <del></del>  |   |  |
| 136749                                    |           | ystone Angel Grou                          |  |                                 |  |   |  |
| 3. State of Formation                     |           | 4. Brief description of t                  | he character of the business                                   | which is actually conduct       | ed in Rhode Island                                 |   |  |
| RHODE ISLAND                              |           | TO PACILITATE                              | INVESTMENT IN RHO  | DE ISLAND BUSIN                 | esses  |   |  |
| 5. Principal office address 40 WESTMINSTE |           | ET, ROOM 702/                              | GARRETT HUNTER   | City<br>PROVIDENCE              | State<br>R I                                       | Zip<br>02903-                               |  |
| 6. MAILING ADD                            | RESS_O    | F LIMITED LIAB                             | ILITY COMPANY AN   | D NAME OR TITLE                 | E OF CONTACT PE                                    | RSON:                                       |  |
| Contact Name GARRETT B HUN                |           |  |  | Contact Title<br>Secretary/Trea |  |   |  |
| Street Address 40 WESTMINSTER             | STRE      | ET, SUITE 702                              |  | City PROVIDENCE                 | State<br>RI  | <i>Zip</i><br>02903 -                       |  |
| 7. NAME AND AD                            |           | FILL IN SPACES                             | GER OF THE LIMITI<br>BEFORE USING ATTAC<br>MAGERS REQUIRES FII | THMENTS ("X" BOX                | FOR ATTACHMENT)                                    | <b>7</b>                                    |  |
| Manager Name                              |           |  |  | • Manager Name                  | 10.0.2 7-10-12 (0) (2)                             | 7-10-02                                     |  |
| Jerry Cerce                               |           |  |  | Chris DiNapol                   | i  | 35  |  |
| Street Address                            |           | -  |  | Street Address                  | <del></del> .                                      | - <del>50</del> <del>50</del> <del>50</del> |  |
| 10 Dorrance St                            | treet     |  |  | .287 Gibbs Ave                  | nue  | 8 30 T                                      |  |
| City                                      |           | State                                      |  | *Ciry                           | State  | Zip , 70 70 F                               |  |
| Providence Manager Name                   |           | RI   | 02903  | Newport                         | RI   | 02840 ミスー                                   |  |
| Peter C. Dors                             | ev. J     | r.   |  | Manager Name<br>Richard Horan   |  | 2 9 Pr                                      |  |
| Street Address                            | -7,       |  | <u>.</u>   | *Street Address                 |  |   |  |
| 40 Westminster St., Suite 702             |           |  |  | 30 Davol Square                 |  |   |  |
| City                                      | ,         | State                                      | Zip .  | .City                           | State  | Zip 🗜                                       |  |
| Providence                                | TT IN DI  | RI   |  | Providence                      | RI   | 02903                                       |  |
| Agent Name                                | AL IIV KI | TODE ISLAND -DO                            | NOT ALTER- Changes   | Address                         | Form 642 - R.I.G.L. 7                              | -16-11                                      |  |
| SCOTT E. ORCH                             | ARD. E    | SQ.  |  | 2800 FINANCIA                   | .T. DT.AZA   |   |  |
| Address                                   |           | <u>.</u>                                   | <del></del>  | City                            |  | Zip   |  |
| EDWARDS & ANG                             | ELL, I    | LP   |  | PROVIDENCE                      |  | 02903-                                      |  |
| <u> </u>                                  |           | <del></del>                                |  |                                 |  | <del>2303-</del>                            |  |
| This report must be                       | signed    | in ink by an auth                          | orized person pursuai  | nt 10 7-16-66.                  |  | SEE LA PH 1:43                              |  |
| 1   | 3 6       |  | FILLED more  | Under penalty of                | periury I declare and af                           | firm that I have examined                   |  |
| *136749 DLLC 09                           | 9/07/05   | 08:22:27 AM*                               | OCT 04 2005.   | this report, includ             | ing any accompanying s<br>nents contained herein a | chedules and statements,                    |  |
| File Date Check No.                       |           | <del></del>                                | 18785  | Signature of Author             | Hent Joe Fra                                       | 9/8/03<br>Date                              |  |
| By:                                       |           | <del></del>                                |  | _ Garren                        | - B. Hanyo   | 4/1/12                                      |  |
| FOR SECRETARY OF                          | STATE U   | SE ONLY                                    |  | Print or Type Name              | of Authorized Person                               | 1.1 v \ N)                                  |  |



## ' Cherrystone Angel Group, LLC Annual Report

## 7. Continued

Garrett B. Hunter 40 Westminster St., Suite 702 Providence, RI 02903

Henry Kates 222 Williams Street Providence, RI 02906

Jerry Schaufeld 3 Davol Square Providence, RI 02903

SECRETARY OF STATE SCORPORATIONS DIV



Matthew A. Brawn, 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: Sep<br>(FORM MUST BE T  | /DED AD DI                       | DIRTER INIDE A  |                              |  |   |                             |  |  |  |
|--|----------------------------------|---|------------------------------|--|---|-----------------------------|--|--|--|
| 1. ID No.  | 2. Exac                          | I name of the lim   | CK)<br>Ited liabilty company |  |   |                             |  |  |  |
| 136749   |                                  | ystone Angel Group, LLC   |                              |  |   |                             |  |  |  |
| 3. State of Formation  |                                  | 4. Brief description of the character of the business which is actually conducted in Rhode Island |                              |  |   |                             |  |  |  |
| Rhode Island   |                                  | To facili   | tate investment i            | n Rhode Island busines   | 5686.                                     |                             |  |  |  |
| 5. Principal office ad   |                                  | <u> </u>  |                              | City   | State                                     | Zip                         |  |  |  |
| 40 Westminst   | er St.,                          | , Suite 70  | 2                            | Providence   | RI  | 02903                       |  |  |  |
| 6. MAILING AD  | DRESS C                          | FLIMITED  | LIABILITY COMPA              | NY AND NAME OR TITLE   | OF CONTACT PE                             | RSON:                       |  |  |  |
| Garrett B. H   | lunter                           |   |                              | .Secretary/Treas   | surer                                     |                             |  |  |  |
| Street Address   |                                  |   |                              | City   | State                                     | Zip                         |  |  |  |
| 40 Westminst   | er St.,                          | Suite 70  | 2                            | . Providence   | RI  | 02903                       |  |  |  |
| Manager Name   | ANY M                            | ODIFICATIONS  | TO MANAGERS REQUI            | RES FILING OF AMENDMENT. E  • Manager Name   | FOR ATTACHMENT)   R.I.G.L 7-18-12 (a) (2) | / 7-16-52                   |  |  |  |
| Manager Name   |                                  |   | ,,                           |  |   |                             |  |  |  |
| Garrett B. Hunter  |                                  |   |                              | John Early   | John Early                                |                             |  |  |  |
| Street Address   |                                  | _   |                              | *Street Address  |   |                             |  |  |  |
| 40 Westminst   | er St                            | Suite 70  | 2                            | 00 4-35  |   |                             |  |  |  |
|  |                                  |   | 2                            | .98 Melbourn Rd  | •   |                             |  |  |  |
| City   |                                  | State   | Zip                          | *City  | State                                     | Zip                         |  |  |  |
| <i>City</i><br>Providence  |                                  | <del></del>   |                              |  |   | Zip<br>02886                |  |  |  |
| Ciry<br>Providence   | • • • • •                        | State   | Zip                          | *City<br>Warwick<br>*Manager Name  | State                                     |                             |  |  |  |
| City<br>Providence<br>Manager Name<br>Jeffrey M. S<br>Street Address   | Jacober                          | State   | Zip                          | *City<br>.Warwick  | State                                     |                             |  |  |  |
| City Providence Manager Name Jeffrey M. S Street Address 23 Acorn St.  | Jacober                          | State<br>RI   | Zip                          | City Warwick Manager Name Alan D. Nathan   | State<br>RI                               |                             |  |  |  |
| City Providence Manager Name Jeffrey M. Street Address 23 Acorn St. City   | Jacober                          | State<br>RI<br>State  | Zip                          | *City *Warwick *Manager Name *Alan D. Nathan *Street Address   | State<br>RI                               |                             |  |  |  |
| City Providence Manager Name Jeffrey M. S Street Address 23 Acorn St. City Providence  | Jacober                          | State<br>RI<br>State<br>RI  | Zip<br>02903<br>Zip<br>02903 | *City *Warwick *Manager Name *Alan D. Nathan *Street Address 36 Appletree Lr *City *Barrington                     | State<br>RI<br>1.<br>State<br>RI          | 02886<br>  02886<br>  02806 |  |  |  |
| City Providence Manager Name Jeffrey M. Street Address 23 Acorn St. City Providence 8. RESIDENT AGI                            | Jacober                          | State<br>RI<br>State<br>RI  | Zip<br>02903<br>Zip<br>02903 | City Warwick Manager Name Alan D. Nathan Street Address 36 Appletree Lr City Barrington anges require filing of Fe | State<br>RI<br>1.<br>State<br>RI          | 02886<br>  02886<br>  02806 |  |  |  |
| City Providence Manager Name Jeffrey M. Street Address 23 Acorn St. City Providence 8. RESIDENT AGI                            | Jacober<br>ENT IN RI             | State<br>RI<br>State<br>RI  | Zip<br>02903<br>Zip<br>02903 | *City *Warwick *Manager Name *Alan D. Nathan *Street Address 36 Appletree Lr *City *Barrington                     | State<br>RI<br>1.<br>State<br>RI          | 02886<br>  02886<br>  02806 |  |  |  |
| City Providence Manager Name Jeffrey M. Street Address 23 Acorn St. City Providence 8. RESIDENT AGI Igent Name Gregory T. Pusc | Jacober<br>ENT IN RI             | State<br>RI<br>State<br>RI  | Zip<br>02903<br>Zip<br>02903 | *City *Warwick *Manager Name *Alan D. Nathan *Street Address *36 Appletree Lr *City *Barrington *Address *Address  | State RI  State RI  Orm 642 - R.I.G.L. 7  | 02886<br>  Zip<br>  02806   |  |  |  |
| City Providence Manager Name Jeffrey M. Street Address 23 Acorn St. City Providence 8. RESIDENT AGI                            | Jacober<br>ENT IN RI<br>ch, Esq. | State<br>RI<br>State<br>RI<br>HODE ISLANI   | Zip<br>02903<br>Zip<br>02903 | City Warwick Manager Name Alan D. Nathan Street Address 36 Appletree Lr City Barrington anges require filing of Fe | State RI  State RI  Orm 642 - R.I.G.L. 7  | 02886<br>  02886<br>  02806 |  |  |  |

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



| File Date   | 9/30/04               |
|-------------|-----------------------|
| Check No    | 1033                  |
| B <u>v:</u> | OP                    |
| FOR SECRET  | ARY 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

Garrett B. Hunter, Secretary/Treasurer

Print or Type Name of Authorized Person

## Cherrystone Angel Group, LLC Annual Report

## 7. Continued

C. Michael Hazard 23 Marlborough S. Boston, MA 02116

Gina Raimondo 5784 Post Road, Suite 5 Warwick, RI 02818

Jamie Rice 101 Main St., 17<sup>th</sup> Floor Kendal Square Cambridg, MA 02142

Jerome J. Schaufeld 3 Davol Square Providence, RI 02903

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**FILED** 

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By NA