



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. 141350		2. Exact name of the limited liability company LAND, AIR AND SEA MANAGEMENT COMPANY, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BOATING	
5. Principal office address 11 MEMORIAL BOULEVARD		City NEWPORT	State RI
		Zip 02840-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JAMES F. HYMAN		Contact Title ESQ.	
Street Address 11 MEMORIAL BOULEVARD		City NEWPORT	State RI
		Zip 02840	
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 N/A		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
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 F. HYMAN, ESQ.		Address 11 MEMORIAL BOULEVARD	
Address		City NEWPORT	Zip 02840-

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



1 4 1 3 5 0

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

THOMAS D. SULLIVAN, MEMBER

Print or Type Name of Authorized Person

141350 DLLC 09/02/05 12:17:55 PM

File Date

11/23

Check No.

6077

By:

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 44627		2. Name of Corporation LAND-N-SEA COMPOUND V-A PROPERTY OWNERS ASSOCIATION			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 101 WALDEN WAY		City WAKEFIELD	Zip 02879
5. Foreign corporation. Enter principal office address		City		State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island PROPERTY OWNERS ASSOCIATION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KEN FURCOLO			Vice President Name PAUL HANSEN		
Street Address 101 WALDEN WAY			Street Address 150 WALDEN WAY		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Secretary Name Kathleen Bowser			Treasurer Name Kambiz Karbassi		
Street Address 230 WALDEN WAY			Street Address 280 WALDEN WAY		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Eileen Hansen			Director Name DAVID BELLING		
Street Address 150 WALDEN WAY			Street Address WALDEN WAY WAKEFIELD		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Director Name Pamela Perelman			Director Name Kambiz Karbassi		
Street Address WALDEN WAY			Street Address 280 WALDEN WAY		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name KENNETH A. FURCOLO			Address		
Address 101 WALDEN WAY			City WAKEFIELD	Zip 02879	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date	4/5/05
Check No.	1818
By:	DA
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.

K A Furcolo **4/12/05**
Signature of Officer Date
Kenneth A. Furcolo
Print or Type Name of Officer
President
Title of Officer