

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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Flling Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) FLEETWOOD MANAGEMENT, LLC 1111755 3. State of Formation 4 Brief description of the character of the business which is actually conducted in Rhode Island MANAGE RESIDENTIAL & COMMERCIAL REAL ESTATE **RHODE ISLAND** 5. Principal office address City State 196 Airport Road Warwick RI 02889 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Ryan H. Taylor Manager Street Address State 196 Airport Road Warwick RI 02889 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 Manayer Name Ryan H. Taylor Street Address Street Address 196 Airport Road City State Zip Warwick RI 02889 Manager Name Manager Name Sireci Address Street Address City Zip State City State 7.10 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Accut Name Address SIDNEY W. PAULL Address **109 AIRPORT ROAD** WARWICK 02889-

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

	111755
File Date Check No.	FILED
By:	OCT 27 2005
	FOR SECRETARY OF SINE USE ONCY 3

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 Ayllorized Person

Ryan H. Taylor

Print or Type Name of Authorized Person

Form 632 Rev. 7/03



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ____ 2004 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PR		- Filing Fee. 350.00				
1. ID No. 2. Exc	2. Exact name of the limited liability company					
	EETWOOD MANAGEMENT, LLC					
3. State of Formation	4. Brief description	on of the character of the husiness	which is actually conducted in Rhode i	sland		
RHODE ISLAND	MANAGE RE	SIDENTIAL & COMMERCIA	L REAL ESTATE			
5. Principal office address		<u> </u>	City	State	Zlp	
196 Ai	irport Roa	ad	Warwick	RI	02889	
	LIMITED LIABI	LITY COMPANY AND NAM	ME OR TITLE OF CONTACT P	ERSON:	'	
Contact Name			Contact Title			
	Taylor		Manager			
Street Address	name Dane		City	State	Zip	
	port Road		Warwick.	RI	02889	
7. NAME AND ADDRESS (BILITY COMPANY, IF APPLIC			
ANY MOI	FILL IN SP DIFICATIONS TO	ACES BEFORE USING ATT	ACHMENTS ("X" BOX FOR FILING OF AMENDMENT, R.I.	ATTACHMENT)		
Manager Name	on toni	телиорая силонин с	:	G.L. 7-10-12 (a) (2) / 7-16-52	
	—)		Manager Name			
Street Address	Taylor	-				
	port Road	3	Street Address			
City	State	Zip	City	State	Zip	
Warwick	RI	02889				
Manager Name	•	***************************************	Manager Name			
Street Address	<u></u>				<u> </u>	
			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	 HODE ISLAND	 - DO NOT ALTER - Change	: es require filing of Form 64	 2 - R G 1 - 7-10	6.11	
Agent Name			Address		v.,,	
SIDNEY W. PAUL I						
Address			City	Zip		
109 AIRPORT ROAD			WARWICK	ARWICK 02889-		
		-				

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

	* 1 1 7 5 5	•••
File Date	9/29/04	
Theek No	<u> </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.

Signature of Ayhorized Person

Taylor

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: Septer		• Filing Fee: \$50.00		223121		
(FORM MUST BE TYPED 1 /ID No. 111755	2 Exact name of the lamber	TED IN BLACK) Traine of the limited liability company FLEETWOOD MANAGEMENT, LLC				
3 State of Formation	<u> </u>	Freef description of the character of the histiness which is actually conducted in Rhode Island				
RHODE ISLAND MANAGE RESIDENTIAL & COMMERCIA						
> Principal office address 196 Airport Road			cu: Warwick	State R1	л.р 02889	
Contact Vania	ss of limited Liabi n H. Taylor	JITY COMPANY AND N	AME OR TITLE OF CONTACT Contact Tale Manag			
Sires Address 196 Airport Road			_{Cur} Warwick	State	Zφ 02889	
	FILL IN SPA	CES BEFORE USING A	JABILITY COMPANY, IF APPI ITACHMENTS - <i>("X" BOX FO</i> 5 FILING OF AMENDMENT, R	R ATTACHMENT.) []) (2) / 7·16·52	
Manager Name	H. Taylor		Manager Name		, (-,	
Sirect Address	irport Road		Street Address			
on Warwick	Sale 5	<i>χη</i> , 02889	City	State	Zip	
Manager Name			Manager Name			
Since Address			Street Address			
Cit	State	Ζιρ	CH _P	State	Ζφ	
8. RESIDENT AGENT	I IN RHODE ISLAND -	DO NOT ALTER - Char	nges require filing of Form (542 - R.I.G.I 7-1	6-11	
109 AIRPORT ROAD		City: WARWICK		Zφ 02889-		

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

	* 1 1 1 7 5 5 ×	
File Date	10.31-03	
Check No	7572	
Bv		
FO.	R 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, a	and that all statements
contained herein are true and correct	

Ayan H. Taylor

Print or Type Name of Authorized Person



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

	D OR PRINTED IN BLACK	•	JU. UU		
1. ID No.	2. Exact name of the limited	l liabilty company			
	FLEETWOOD MANAGEM				·
3. State of Formation			ie business which is actually conducted in ERCIAL REAL ESTATE	Rhode Island	
RHODE ISLAND	MANAGE RESIL	PERTIFIC OF COMME	LINIAL KEAL ESTATE		
5. Principal office addres			City	State	Zip
	MEDWAY STA	-441	PMUIDENCE	RI	02906
6. MAILING ADDR	ESS OF LIMITED LL	ABILITY COMP	ANY AND NAME OR TITLE O	F CONTACT PERSO	DN:
Contact Name			Contact Title		
<u>KYAN</u>	1 AYLAR		MANAGER		
Sircei Address 196	TAYLOR AMON		City WANNICK	State Q1	02 F89
7. NAME AND ADDF			IMITED LIABILITY COMPAN		
			G ATTACHMENTS ("X" BOX FO Uires filing of Amendment, R.1.	OR ATTACHMENT[]	46.50
lanayer Name			Manager Name	G.L 7-16-12 (8) (2) 7 7-	10-32
RYAN) TOY/ 10		•		
Street Address	MICOL	<u> </u>	Street Address		
196	Assess An	AD	•		
City	State	Zip	City	State	Zip
WARNICK	AMPUR AMPURT AM	02889			
Manager Name			Manager Name	• • • • • • • • • •	,
Street Address			Sirvet Address		
City	State	Zip	City	State	Zip
·			· · · · · · · · · · · · · · · · · · ·		
8. RESIDENT AGENT	IN RHODE ISLAND -	O NOT ALTER- C	hanges require filing of For	m 642 - R.I.G.L. 7-16-	11
Igent Name			Address		
SIDNEY W. PAULL					<u> </u>
Address			City	Zip	
109 AIRPORT ROAD	· · · · · · · · · · · · · · · · · · ·		WARWICK	02	889-
This report must be s	signed in ink by an a	uthorized person			
File Date Check No.	10/22/2002	*	this report, including a	ary, I declare and affirm any accompanying sche a contained herein are tr	dules and statements.
By:	Ors	.	Nyan) H. THYL	L
FOR SECRETARY OF S	TATE USE ONLY		Print or Type Name of A	uthorized Person	Form 632 Rev. 6/



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

-(₹}}e- ;

LIMITED LIABILITY COMPANY

ID	Number <u>DLLC 111755</u>	Annual Report for the year 2001					
1.	The name of the limited liability company	is:					
	FLEETWOOD MANAGEMENT, LLC						
2.	The address of the principal office of the	limited liability company is:					
	196 Airport Road, Warwic	k, RI 02889					
3.	The state or other jurisdiction under the la	sws of which it is formed is RHODE ISLAND					
4.							
	109 AIRPORT ROAD WARWICK RI 028	889-	 				
5.	The current mailing address of the limited	I liability company and the name or title of a person to whom commu					
	may be directed are: Ryan H. Tay l	or					
	196 Airport Road, Wa						
6.	A brief statement of the character of the	e business in which the limited liability company is actually engage	ed in this				
		ntial and commercial real estate					
7.	If the limited liability company has manag Name	ers, the name and address of each manager of the limited liability co Address	ompany				
	Ryan H. Taylor	196 Airport Road, Warwick, RI.	02889				
Da	ted <u>October 11, 2001</u>	Under penalty of perjury, I declare and affirm that I have example including any approximation asked the second state of the s	nined this				
	## # ## # ## # ### # ###	report, including any accompanying schedules and stateme that all statements contained herein are true and correct.	nts, and				
		FLEETWOOD MANAGEMENT, LLC					
	, , , , ,	Exact Name of Limited Liability Company					
File	FOR SECRETAR CLEST THESE ONLY Date:	Ву					
Che	ck No.: OCT 12 2001	Manager	. <u>-</u>				
Ву:	By 17, 7032	Title Form No Revised					

LETACH BOTTOM BEFORE RETURNING