



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 02903-13
401.222.30

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. 89355		2. Exact name of the limited liability company HAT ENTERPRISES, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATING A RECREATIONAL FACILITY.			
5. Principal office address 330 Atlantic Avenue		City Westerly	State RI	Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Harry A. Trefes		Contact Title			
Street Address 330 Atlantic Avenue		City Westerly	State RI	Zip 02891	
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 Harry A. Trefes		Manager Name			
Street Address 330 Atlantic Avenue		Street Address			
City Westerly	State RI	Zip 02891	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 MATTHEW L. LEWIS		Address			
Address 79 FRANKLIN STREET		City WESTERLY	Zip 02891		

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



File Date	10.27.05	*89355*
Check No.	1079	
By:	LUP	

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: 10/11/05

Harry A. Trefes

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 02903-13
401.222.30

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 89355		2. Exact name of the limited liability company HAT ENTERPRISES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATING A RECREATIONAL FACILITY.	
5. Principal office address 330 Atlantic Avenue		City Westerly	State RI
		Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Harry A. Trefes		Contact Title	
Street Address 319 Atlantic Avenue		City Westerly	State RI
		Zip 02891	
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 Harry A. Trefes		Manager Name	
Street Address 319 Atlantic Avenue		Street Address	
City Westerly	State RI	City	State
Zip 02891		City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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 MATTHEW L. LEWIS		Address	
Address 79 FRANKLIN STREET		City WESTERLY	Zip 02891

FILED

OCT 14 2004

By KMS
C47307

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



* 8 9 3 5 5 *

File Date _____
Check No. _____
By: _____

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.

Harry A. Trefes 9/27/04
Signature of Authorized Person Date
Harry A. Trefes, member
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: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 89355		2. Exact name of the limited liability company HAT ENTERPRISES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATING A RECREATIONAL FACILITY.	
5. Principal office address 330 ATLANTIC AVENUE		City WESTERLY	State RI
		Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name HARRY A TREFES		Contact Title	
Street Address 319 ATLANTIC AVE.		City WESTERLY	State RI
		Zip 02891-	
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 Harry A. refes		Manager Name	
Street Address 319 Atlantic Avenue		Street Address	
City Westerly	State RI	Zip 02891	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 MATTHEW L. LEWISS		Address 79 FRANKLIN STREET	
Address		City WESTERLY	Zip 02891

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



8 9 3 5 5

89355 DLLC 09/12/03 12:13:25 PM	
File Date	11/3/03
Check No.	0915
By:	
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 10-26-03
Harry A. Trefes - member
Print or type Name of Authorized Person



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 89355		2. Exact name of the limited liability company HAT ENTERPRISES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATING A RECREATIONAL FACILITY.	
5. Principal office address 319 Atlantic Avenue		City Westerly	State RI
		Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Harry A. Trefes		Contact Title .	
Street Address 319 Atlantic Avenue		City Westerly	State RI
		Zip 02891	
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 Harry A. Trefes		*Manager Name .	
Street Address 319 Atlantic Avenue		*Street Address .	
City Westerly	State RI	Zip 02891	City .
Manager Name .	*Manager Name .		
Street Address .		*Street Address .	
City .	State .	Zip .	City .
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L 7-16-11			
Agent Name MATTHEW L. LEWISS		Address .	
Address 79 FRANKLIN STREET		City WESTERLY	Zip 02891

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



* 8 9 3 5 5 *

File Date	10-17-02
Check No.	783
By:	<i>[Signature]</i>
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] 10-2-02
Signature of Authorized Person Date
Harry A. Trefes - member
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

LIMITED LIABILITY COMPANY

ID Number DLLC 89355

Annual Report for the year 2001

1. The name of the limited liability company is:

HAT ENTERPRISES, LLC

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

319 ATLANTIC AVENUE, WESTERLY, RHODE ISLAND 02891

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: MATTHEW L. LEWISS

79 FRANKLIN STREET, WESTERLY, RHODE ISLAND 02891

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: HARRY A. TREFES, OPERATING MANAGER

319 ATLANTIC AVENUE, WESTERLY, RHODE ISLAND 02891

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: OPERATING A RECREATIONAL FACILITY

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

Name

Address

HARRY A. TREFES

319 ATLANTIC AVENUE, WESTERLY, RHODE ISLAND 02891

Dated 11-13-01, 20 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.

HAT ENTERPRISES, LLC

Exact Name of Limited Liability Company

By [Signature]

OPERATING MANAGER

Title

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

LIMITED LIABILITY COMPANY

ID Number DLLC 89355

Annual Report for the year 2000

1. The name of the limited liability company is:

HAT ENTERPRISES, LLC

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

319 ATLANTIC AVENUE, WESTERLY, RHODE ISLAND 02891

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: MATTHEW L. LEWISS

79 FRANKLIN STREET, WESTERLY, RHODE ISLAND 02891

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: HARRY A. TREFES, OPERATING MANAGER

319 ATLANTIC AVENUE, WESTERLY, RHODE ISLAND 02891

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: OPERATING A RECREATIONAL FACILITY

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

Name

Address

HARRY A. TREFES

319 ATLANTIC AVENUE, WESTERLY, RHODE ISLAND 02891

Dated September 30, 2000

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.

HAT ENTERPRISES, LLC

Exact Name of Limited Liability Company

By 

OPERATING MANAGER

Title

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

LIMITED LIABILITY COMPANY

ID Number LL 89355

Annual Report for the year 1999

1. The name of the limited liability company is:
HAT ENTERPRISES, LLC
2. The address of the principal office of the limited liability company is:
319 ATLANTIC AVENUE, WESTERLY, RHODE ISLAND 02891
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: MATTHEW L. LEWISS
79 FRANKLIN STREET, WESTERLY, RHODE ISLAND 02891
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: HARRY A. TREFES, OPERATING MANAGER
319 ATLANTIC AVENUE, WESTERLY, RHODE ISLAND 02891
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: OPERATING A RECREATIONAL FACILITY
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

HARRY A. TREFES

319 ATLANTIC AVENUE, WESTERLY, RHODE ISLAND 02891

Dated OCTOBER 10th, 1999

10-18-99

452

AMF

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.

HAT ENTERPRISES, LLC

Exact Name of Limited Liability Company

By [Signature]

OPERATING MANAGER

Title

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 89355

Annual Report for the year 1998

1. The name of the limited liability company is:

HAT ENTERPRISES, LLC

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

319 Atlantic Avenue, Westerly, RI 02891

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: MATTHEW L. LEWISS

79 FRANKLIN STREET WESTERLY, RI 02891

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: Harry A. Trefes, Operating Manager

319 Atlantic Avenue, Westerly, RI 02891

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: operating a recreational facility

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

Harry A. Trefes

319 Atlantic Avenue, Westerly, RI 02891

Dated October 26, 19 98



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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.

HAT ENTERPRISES, LLC

Exact Name of Limited Liability Company

By

HARRY A. TREFES
Operating Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 11.2.98

Check No.: 348

By: 1UP

Filing Fee: \$50.00

To be filed annually,
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

LIMITED LIABILITY COMPANY

ID Number 0083355

Annual Report for the year 1997

1. The name of the limited liability company is:

HAT ENTERPRISES, LLC

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

319 Atlantic Avenue, Westerly, RI 02891

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: Matthew L. Lewiss, Esq.

79 Franklin Street, Westerly, RI 02891

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: Harry A. Trefes, Operating Manager

319 Atlantic Avenue, Westerly, RI 02891

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: operating a recreational facility

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

Name

Address

Harry A. Trefes

319 Atlantic Avenue, Westerly, RI 02891

Dated November 12, 19 97

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.

HAT ENTERPRISES, LLC

Exact Name of Limited Liability Company

PAID
NOV 19 1997
SECRETARY OF STATE

By

Harry A. Trefes

Operating Manager

Title