

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

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Strum Providence, RI 02903-13, 401.222.30

LIMITED LI	ABILITY CO	MPANY ANNU	AL REPORT FOR	THE YEAR	2005
1. ID No. 89355		lted llability company			· · · · · · · · · · · · · · · · · · ·
3. State of Formation 4. Brief description of the character of the business OPERATING A RECREATIONAL FACILI				de Island	
5 Principal office address 330 Atlantic			Cin Westerly	State RI	^{Zip} 02891
6. MAILING ADDRE Contact Name Harry A. Tref		BILITY COMPANY AND I	NAME OR TITLE OF CONTACT Contact Title	PERSON:	
330 Atlantic Avenue 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIA			Westerly	State RI	^{24p} 02891
	FILL IN S	PACES BEFORE USING A		OR ATTACHMENT) 🔲 🗀	7-16-52 3 5 3 5 3
Manager Name Harry A. Tref			Manager Name		2 23 007
330 Atlantic A	Avenue		Street Address	· · · · · · · · · · · · · · · · · · ·	
Westerly	State RI	^{zip} 02891	City	State	Zψ
Manager Na m e	·····	••••••••••	Manager Name		
Street Address			Street Address		
Cuy	State	Zip	City·	State	Zip
8. RESIDENT AGENT Agent Name	T IN RHODE ISLAND	- DO NOT ALTER : Cha	inges require filing of Form Address	642 - R.I.G.L. 7-16-11	<u> </u>
MATTHEW L. LEWISS		 -			·
79 FRANKLIN STREET			City	Ζφ	
73 FRANKLIN STREET			WESTERLY	02891	

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

File Date	1()·77·05 .89355.
Check No	1079
Ву:	
	BOD CECUETA DV OI: CTATE HICE OVII V

Under penalty of perjury, I declare and affirm that I have examined this repe including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

10/11/05

Harry A. Trefes

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

100 North Main Stre Providence, RI 02903-13.

Corporations Division

401.222.30

Matthew A. Brown, Secretary of State

LIMITED LI	ABILITY CO	MPANY ANNUA	L REPORT FOR T	THE YEAR	2004
filing Period: Septer	nber 1 - November 1	 Filing Fee: \$50.00 			
FORM MUST BE TYPED 1. ID No	OR PRINTED IN BLACK		<u> </u>	<u> </u>	
	2. Exact name of the lim	· ·			
89355 3. State of Formation	HAT ENTERPRISES		s which is actually conducted in Rho	de partir	
		IG A RECREATIONAL FACIL		ac isana	
RHODE ISLAND		O A RECREATIONAL PACIE			
5. Principal office addres			Gity	State	Zip
	Avenue ss of limited lia	BILITY COMPANY AND NA	Westerly AME OR TITLE OF CONTACT	RI RI RI	l ₀₂₈₉₁
Gontact Name Harry A. Tre	fes		Contact Title		
Street Address			City	State	Zip
319 Atlantic	Avenue		Westerly	RI	02891
Manager Name Harry A. Tre Street Address		.	FILING OF AMENDMENT, F Manager Name Street Address		
319 Atlantic	Avenue		Street Address		
Cuy Westerly	State RI	2φ 02891	Сиу	State	Zip
Manager Name			Manager Name	•••••••••••••••••••••••••••••••••••••••	······································
Street Address			Sirvei Address		
City	State	Zij)	City	State	Zip
8. RESIDENT AGEN Agent Name	T IN RHODE ISLANI	O · DO NOT ALTER - Chan	ges require filing of Form Address	1 642 - R.I.G.I 7-16-11	ı
MATTHEW L. LEWISS	<u></u>				
Address			City	Zip	
79 FRANKLIN STREET	<u> </u>		WESTERLY	028	91
			FILE OCT 14	2004	
			By Ku	ΝC	

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



File Date

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this repe including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

C47307



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) 2. Exact name of the limited liabilty company L.ID No 89355 HAT ENTERPRISES, LLC 3. State of Formation 4. Brief description of the character of the husiness which is actually conducted in Rhode Island OPERATING A RECREATIONAL FACILITY. **RHODE ISLAND** 3. Principal office address
330 ATLANTIC AVENUE State Zip WESTERLY RI 02891 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON: Contact Name Contact Title HARRY A TREFES Street Address City State 319 ATLANTIC AVE. WESTERLY RI 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) [ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Harry A. refes Street Address · Street Address 319 Atlantic Avenue City State State Westerly 02891 RI Manager Name Manager Name Street Address ·Street Address State City City State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Agent Name Address MATTHEW L. LEWISS 79 FRANKLIN STREET Address Zip WESTERLY 02891

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



89355 DLLC 09/12/03 12:13:25 PM
File Date 11/3/03
Check No. 0915
Ву:
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 gentained herein are true and correct.

hanne of Authorized Resson Date

Harry A. Trefer nember



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

89355	PED OR PRINTED IN BLA 2. Exact name of the lim HAT ENTERPRISES,	LLC		-	
3. State of Formation RHODE ISLAND		ion of the character of the busi A RECREATIONAL FACIL	ness which is actually conducted i	n Rhode Island	
5. Principal office add 319 Atlantic			Ciny Westerly	State RI	Zip 02891
6. MAILING ADI Contact Nume Harry A. Tre		LIABILITY COMPANY	AND NAME OR TITLE C	OF CONTACT PE	RSON:
Street Address 319 Atlantic	Avenue	-	City Westerly	State RI	Zip 02891
7. NAME AND AD	FILL IN SP.	ACES BEFORE USING AT	TED LIABILITY COMPAN TACHMENTS "X" BOX I S FILING OF AMENDMENT. R.	FOR ATTACHMENT	
_{fanager Name} Harry A. Tre			• Manager Name •		
Street Address 319 Atlantic	Avenue		• Street Address		
Westerly	State RI	^{Zip} 02891	*Ciŋ·	State	Zip
Manager Name	• • • • • • • • • • •		Manager Name		
			Street Address		-
Street Address					
	State	Zip	City	State	Zip
City 8. RESIDENT AGI			ges require filing of Fo		
Street Address City 8. RESIDENT AGI tgent Name MATTHEW L. LEWI	ENT IN RHODE ISLANI		•		
City 8. RESIDENT AGI tgent Name	ENT IN RHODE ISLANI SS		ges require filing of Fo		

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



P1 D 4	10-17-02	
File Date		
Check No.	~\s3	
B _{Y;}	2	
FOR SECRE	ETARY 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

10-1-02

Harry A. Trefes - member

rint or Type Name of Authorized Person

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

		LIMITED LIABILITY COMPANY	
ID N	umber <u>DLLC 89355</u>	Annual Report for the year2001	
1.	The name of the limited liability compa	any is:	
	HAT ENTERPRISES, LLC		
2.	The address of the principal office of the	he limited liability company is:	
	319 ATLANTIC AVENUE, WESTERLY	Y, RHODE ISLAND 02891	
3.	The state or other jurisdiction under th	e 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 lim	ited 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	Y, RHODE ISLAND 02891	
6.	A brief statement of the character of	f the business in which the limited liability company is actually engaged in this	
	state: OPERATING A RECREATION	DNAL FACILITY	
7.	If the limited liability company has company	managers, the name and address of each manager of the limited liability	
	Name _.	.Address	
	HARRY A. TREFES	319 ATLANTIC AVENUE, WESTERLY, RHODE ISLAND 02891	
	**		
Date	ed,20 <u>01</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.	
	11-13-01 Ck#675	HAT ENTERPRISES, LLC Exact Name of Limitely Liability Company	
	Cx#675		
	di	By OFFRATING MANAGER	
c .	N- 110 40	OPERATING MANAGER Title	

Form No. LLC-19

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 N	umber _	DLLC 89355	Annual Report for the year2000
1.	The nam	ne of the limited liability compa	ny is:
	HAT EN	TERPRISES, LLC	<u>-</u>
2.	The add	ress of the principal office of th	ne limited liability company is:
	319 ATL	ANTIC AVENUE, WESTERLY	7, RHODE ISLAND 02891
3 .	The state	e or other jurisdiction under the	e laws of which it is formed is: RHODE ISLAND
4.	The nam	ne and address of its resident a	agent is: MATTHEW L. LEWISS
	79 FRAN	KLIN STREET, WESTERLY,	RHODE ISLAND 02891
5.	The curr	ent mailing address of the limit	ted liability company and the name or title of a person to whom
	commun	ications may be directed are:	HARRY A. TREFES, OPERATING MANAGER
	319 ATL	ANTIC AVENUE, WESTERLY	7, RHODE ISLAND 02891
	A brief s	statement of the character of OPERATING A RECREATION	the business in which the limited liability company is actually engaged in this
	If the lin		managers, the name and address of each manager of the limited liability
		Name	Address
	HARRY .	A. TREFES	319 ATLANTIC AVENUE, WESTERLY, RHODE ISLAND 02891
Date	d <u>S</u>	eptember 30,20 00	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.
		10/4	HAT ENTERPRISES, LLC Exact Name of Limited Liability Company
		10/4 #575 21	By A A ST
		2i	OPERATING MANAGER
Earn I	No. 11 C.10	1	Title

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 N	lumber	LL 89355		Annual Report for the year	1999
1.	The name	of the limited liability compar	y is:		
	HAT ENTE	ERPRISES, LLC			
2.	The addre	ss of the principal office of the	e limited liability company is:		
	319 ATLA	NTIC AVENUE, WESTERLY,	RHODE ISLAND 02891		
3.	The state of	or other jurisdiction under the	laws of which it is formed is: RI	HODE ISLAND	
4.	The name	and address of its resident ag	gent is: MATTHEW L. LEWISS	<u> </u>	
	79 FRANK	LIN STREET, WESTERLY, F	RHODE ISLAND 02891		
5 .	The currer	nt mailing address of the limite	ed liability company and the na	me or title of a person to whom	
	communic	ations may be directed are: <u>H</u>	ARRY A. TREFES, OPERATIN	NG MANAGER	
	319 ATLA	NTIC AVENUE, WESTERLY,	RHODE ISLAND 02891		
6.	A brief sta	itement of the character of t	he business in which the limite	ed liability company is actually e	ngaged in this
	state: C	PERATING A RECREATION	IAL FACILITY		
7.	If the limi	ited liability company has r	nanagers, the name and add	lress of each manager of the I	limited liability
		Name		Address	
	HARRY A	TREFES	319 ATLANTIC AVENUE, WE	ESTERLY, RHODE ISLAND 0289	91
					·····
Date	octobi	ER 10th , 1999 -/8-99		clare and affirm that I have exami anying schedules and statements, herein are true and correct.	
	4	152		FENTERPRISES, LLC	
		AMF		me of Limitled Liability Company	
		, 0, 1,	Ву	WAT	·
			OP	ERATING MANAGER Tille	

Form No. LLC-19 Revised 8/97

To:be filediannuallyibetween 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 Name Address
	Harry A. Trefes 319 Atlantic Avenue, Westerly, RI 02891
Dat	October 26 98 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
	FOR SECRETARY OF STATE USE ONLY
	Date: 11.2.98
	HARRY A. TREFES Operating Manager
3y:	Title

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

	LIMITED LIABILITY COMPANY
ID	Number 0069955 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
	The state or other jurisdiction under the laws of which it is formed is: Rhode Island The name and address of its resident agent is: Matthew L. Lewiss, Esq. 79 Franklin Stroot Westerly BL 03801
5.	79 Franklin Street, Westerly, RI 02891 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. 7.	state: operating a recreational facility 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
Dat	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 Harry A. Trefes Operating Manager
	Title 1 No. LLC-19 1 No. Title