



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 136857		2. Exact name of the limited liability company Bay Lawn LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island FAMILY PROPERTY MANAGEMENT	
5. Principal office address 77 NARRAGANSETT AVENUE		City JAMESTOWN	State RI
		Zip 02835-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROBERT B. PATTERSON		Contact Title	
Street Address 4 BAY LAWN AVENUE		City WARWICK	State RI
		Zip 02886	
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 ROBERT B. PATTERSON		• Manager Name NONE	
Street Address 4 BAY LAWN AVENUE		• Street Address	
City WARWICK	State RI	Zip 02886	• City
Manager Name NONE		• Manager Name NONE	
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 JOHN A. MURPHY, ESQ.		Address 77 NARRAGANSETT AVENUE	
Address		City JAMESTOWN	Zip 02835-

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



1 3 6 8 5 7

\*136857 DLLC 05/25/05 01:44:32 PM\*

File Date 6/21/05

Check No. 123

By: PA

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

Robert PATTERSON  
Print or Type Name of Authorized Person



**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. <b>136857</b>		2. Exact name of the limited liability company <b>Bay Lawn LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>FAMILY PROPERTY MANAGEMENT</b>	
5. Principal office address <b>4 DAYLAWN AVE</b>		City <b>WARWICK</b>	State <b>RI</b>
		Zip <b>02888</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Robert T. Patterson</b>		Contact Title <b>President Manager</b>	
Street Address <b>4 DAYLAWN AVE</b>		City <b>WARWICK</b>	State <b>RI</b>
		Zip <b>02888</b>	
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 <b>Robert T. Patterson</b>		Manager Name	
Street Address <b>4 DAYLAWN AVE</b>		Street Address	
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>	
Manager Name		Manager Name	
Street Address		Street Address	
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 <b>JOHN A. MURPHY, ESQ.</b>		Address	
Address <b>77 NARRAGANSETT AVENUE</b>		City <b>JAMESTOWN</b>	Zip <b>02835</b>

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



File Date	<b>9/13/05</b>	136857*
Check No.	<b>124</b>	
By:	<b>DA</b>	
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 **9-11-05**  
**Robert T. Patterson**  
Print or Type Name of Authorized Person