



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

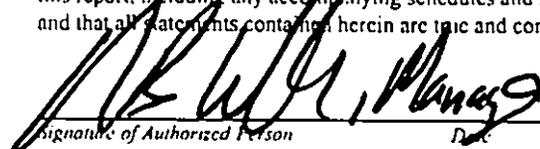
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 115161		2. Exact name of the limited liability company Summer Wind Properties of Newport, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Buying, selling, owing and managing of real estate.			
5. Principal office address P.O. Box 1134		City Newport	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Robert B. Walsh			Contact Title		
Street Address P.O. Box 1134		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) <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. Walsh		Manager Name			
Street Address P.O. Box 1134		Street Address			
City Newport	State RI	Zip 02840	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 Peter Brent Regan			Address 130 Bellevue Avenue, Suite 2		
Address Sayer Regan Thayer & Flanagan		City Newport	Zip 02480		

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

File Date	11-03-05
Check No.	1556
By:	WUP
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

Robert B. Walsh, Manager

Print or Type Name of Authorized Person



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3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island BUYING, SELLING, OWING AND MANAGING OF REAL ESTATE			
5 Principal office address PO BOX 1134		City NEWPORT	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT B WALSH			Contact Title .		
Street Address PO BOX 1134		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) <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. WALSH			*Manager Name .		
Street Address P.O. BOX 1134			*Street Address .		
City NEWPORT	State RI	Zip 02840	*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 PETER BRENT REGAN			Address 130 BELLEVUE AVENUE, UNIT 2		
Address SAYER REGAN THAYER & FLANAGAN		City NEWPORT	Zip 02840		

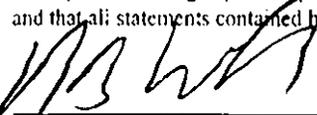
This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 1 5 1 6 1

115161 DLLC 09/07/04 11:50:39 AM	
File Date	10/18/04
Check No	728
By	W.
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.

 10/18/04
Signature of Authorized Person Date

ROBERT B. WALSH, MANAGER

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)

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5. Principal office address P.O. BOX 1134			City NEWPORT	State RI	Zip 02840
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT B. WALSH			Contact Title		
Street Address P.O. BOX 1134			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) <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			Manager Name		
Street Address			Street Address		
City	State	Zip	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 PETER BRENT REGAN			Address 130 Bellevue Avenue, Unit 2		
Address SAYER REGAN THAYER & FLANAGAN			City NEWPORT	Zip 02840	

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
OCT 30 12 15 PM '03

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



1 1 5 1 6 1

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.

Robert B. Walsh 10/29/03
Signature of Authorized Person Date

Robert B. Walsh
Print or Type Name of Authorized Person

115161 DLLC 10/20/03 11:33:09 AM

File Date **FILED**

Check No. **OCT 30 2003**

By: *MA10685 GAA*

FOR SECRETARY OF STATE USE ONLY



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. 115161		2. Exact name of the limited liability company Summer Wind Properties of Newport, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BUYING, SELLING, OWING AND MANAGING OF REAL ESTATE	
5. Principal office address PO Box 1134		City Newport	State RI
		Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Robert B. Walsh		Contact Title	
Street Address PO Box 1134		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. <input checked="" type="checkbox"/> 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		*Manager Name	
Street Address		*Street Address	
City	State	Zip	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 TURNER C. SCOTT		Address	
Address 122 TOURO STREET		City NEWPORT	Zip 02840-

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



* 1 1 5 1 6 1 *

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.

Robert B. Walsh 9/11/02
Signature of Authorized Person Date
Robert B. Walsh
Print or Type Name of Authorized Person

File Date	10-18-02
Check No.	18856
By:	<i>RW</i>
FOR SECRETARY OF STATE USE ONLY	

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 DLLC 115161

Annual Report for the year 2001

1. The name of the limited liability company is:

Summer Wind Properties of Newport, LLC

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

PO Box 1134, Newport, RI 02840

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: TURNER C. SCOTT

122 TOURO STREET NEWPORT RI 02840-

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: Robert B. Walsh

PO Box 1134, Newport, RI 02840

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Buying, selling, owing and managing of real estate

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

Name	Address
_____	_____
_____	_____
_____	_____

Dated 10/15/01

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.



Exact Name of Limited Liability Company

By [Signature]

Owner

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>11-5-01</u>
Check No.:	<u>17218</u>
By:	<u>[Signature]</u>

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at 401.222.3040 or from our web site at www.state.ri.us