



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 115561		2. Exact name of the limited liability company LAHOUSSE ENTERPRISES, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING COMPANY	
5. Principal office address 106 Ridge Street		City Woonsocket	State RI
		Zip 02895	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name David E. Lahousse		Contact Title Member	
Street Address 106 Ridge Street		City Woonsocket	State RI
		Zip 02895	
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 ROBERT L. SIMMONS		Address 10 NATE WHIPPLE HIGHWAY	
Address P.O. BOX 7366		City CUMBERLAND	Zip 02864

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



File Date	11/10/06	*115561*
Check No.	4080	C86556
By:	KMC	
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 9/12/05
David E. Lahousse
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
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401.222.3040

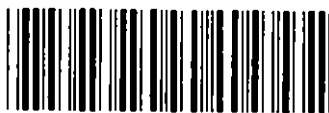
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 115561		2. Exact name of the limited liability company K & L ENTERPRISES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING COMPANY	
5. Principal office address 106 Ridge Street		City Woonsocket	State RI
		Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name David E. Lahousse		Contact Title Member	
Street Address 106 Ridge Street		City Woonsocket	State RI
		Zip 02864	
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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 ROBERT L. SIMMONS		Address 10 NATE WHIPPLE HIGHWAY	
Address P.O. BOX 7366		City CUMBERLAND	Zip 02864

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



* 1 1 5 5 6 1 *

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.

Signature of Authorized Person
Date 9/16/04
David E. Lahousse

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. 115561		2. Exact name of the limited liability company K & L ENTERPRISES, LLC									
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Holding Company									
5. Principal office address 106 Ridge Street		City Woonsocket		State Rhode Island		Zip 02895					
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:											
Contact Name David E. Lahousse				Contact Title Member							
Street Address 106 Ridge Street		City Woonsocket		State Rhode Island		Zip 02895					
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											
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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 ROBERT L. SIMMONS				Address 10 NATE WHIPPLE HIGHWAY							
Address P.O. BOX 7366				City CUMBERLAND		Zip 02864-0895					

FILED

DEC 11 2003

By Kmc C15841

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



* 1 1 5 5 6 1 *

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.

David E. Lahousse Sept. 12, 2003
Signature of Authorized Person Date

David E. Lahousse
Print or Type Name of Authorized Person



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. 115561		2. Exact name of the limited liability company K & L ENTERPRISES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Real estate holding company	
5. Principal office address 106 Ridge Street		City Woonsocket	State RI
		Zip 02895	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name David E. Lahousse		Contact Title Member	
Street Address 106 Ridge Street		City Woonsocket	State RI
		Zip 02895	
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	City	State
Manager Name	Manager Name		
Street Address	Street Address		
City	State	Zip	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 DAVID E. LAHOUSSE		Address	
Address 40 BREAKNECK HILL ROAD		City LINCOLN	Zip 02865

FILED

FEB 21 2003

By Unit 63 7135W

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



* 1 1 5 5 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.

David E. Lahousse 8/29/02
Signature of Authorized Person Date

David E. Lahousse

Print or type Name of Authorized Person

File Date _____

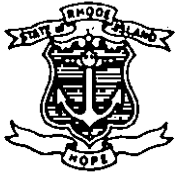
Check No. _____

By: _____

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 115561

Annual Report for the year 2001

1. The name of the limited liability company is:

K & L ENTERPRISES, LLC

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

40 Breakneck Hill Road, Lincoln, Rhode Island 02865

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: DAVID E. LAHOUSSE

40 BREAKNECK HILL ROAD LINCOLN RI 02865-

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: David E. Lahousse, 40 Breakneck Hill Road, Lincoln, RI 02865

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate holding company

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

Name	Address

Dated September 27, 2001



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.

K & L ENTERPRISES, LLC

Exact Name of Limited Liability Company

By David E. Lahousse

David E. Lahousse, Member

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY
File Date: **FILED**
Check No. JUN 21 2002
By: By CC 2276

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