

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: Septer	mber 1 - Noi	vember 1 •	Filing Fee: \$50.00	KEI OKI FOK IIII	ILAK		
(FORM MUST BE TYPED 1. ID No.		IN BIACK) or of the limited liability	7) CARINATUS	·			
115561		E ENTERPRISES,					
3. State of Formation			•	ch is actually conducted in Rhode Islan	d	· · · · · · · · · · · · · · · · · · ·	
RHODE ISLAND	Į R	EAL ESTATE HOL	DING COMPANY				
5. Principal office address				City:	State	Z.ip	
106 Rid	lge Stre	eet		Woonsocket		RI 02895	
6. MAILING ADDRE	ESS OF LIMI	TED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PER	SON:		
Contact Name	_			Contact Title			
David E.	Lahous	sse		Member			
Street Address	. Chwa	~.		City.	State	7.(ρ	
106 Ridg				Woonsocket	.]	RI 02895	
		FILL IN SPACES	BEFORE USING ATTAC	LITY COMPANY, IF APPLICAL CHMENTS ("X" BOX FOR AT ING OF AMENDMENT, R.I.G.I Manager Name	TACHMENT)		
Sirret Address		·-		Street Address			
City	Sta	ic .	Zip	City·	State	Zip	
Manager Name	······I····	• • • • • • • • • • • • • • • • • • • •	I	Manager Name			
Street Address	·			Street Address			
City	Sia	iic	Zip	Gity	State	Zip	
8. RESIDENT AGEN	T IN RHOD	E ISLAND - DO 1	NOT ALTER - Changes	require filing of Form 642 - Address	R.I.G.L. 7-1	6-11	
ROBERT L. SIMMONS	3			10 NATE WHIPPLE HIGHWAY			
Address P.O. BOX 7366				Cuy- CUMBERLAND		Zφ 02864-	
						6 JAH 10 1	

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

File Date 11000 "115561"

Check No. 4050 CYCSY

By: 4050 CYCSY

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.

(hum) & Schoure

9/12/05 ك

David F Tahouss

David E. Lahousse



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

Matthew A. Brown, Secretary of State

2. Exact name of the limited liability company

(FORM MUST BE TYPED OR PRINTED IN BIACK)

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

115561 K &	L ENTERPRISES.	LLC					
3. State of Formation	4. Brief description	of the character of the hu	siness which is actually conducted in Rhode	r Island			
RHODE ISLAND	REAL ESTAT	HOLDING COMPAN	Y				
5. Principal office address		-	City	State	Zip		
106 Ridge St			Woonsocket	RI	02864		
	LIMITED LIABII.	ITY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	•		
David E. I	ahousse		Consact Title Member				
Street Address 106 Ridge S	Street		Gij Woonsocket	State RI	2ip 0 2 8 6 4		
7. NAME AND ADDRESS (OF EACH MANAG	ER OF THE LIMITE	: D LIABILITY COMPANY, IF APPL	I ICABLE	•		
	FILL IN SPA	CES BEFORE USING	ATTACHMENTS ("X" BOX FOR RES FILING OF AMENDMENT, R.	R ATTACHMENT)	/71/62		
Manager Name			:	1.G.L. 7-16-12 (a) (2)	/ /-10-52		
			Manager Name				
Street Address	······························	<u></u> .	Street Address				
							
Giņ·	State	Zip	City	State	Zip		
Manager Name		*******	Manager Name	•••••••	•		
Street Address			Street Address				
City	State	Zıp	City	State	Zip		
O DECIDENT CONTRACTOR				•			
Agent Name	HODE ISLAND	DO NOT ALTER - CI	nanges require filing of Form 6	42 - R.I.G.L. 7-16-11			
			7.44.1.5				
ROBERT I SIMMONS			10 NATE WHIPPLE HIGHWA	Υ			
Address			City	Zip			
P.O. BOX 7366			CUMBERLAND	CUMBERLAND 02864-			
	This report me	st be signed in ink b	ny an authorized person pursuant t	o R.J.G.L. 7-16-66.			
* File Date	1 1 5 5 6	1 *		panying schedules and star	hat I have examined this report tements, and that all statements		
Check No.			Sound &	9/16/04			
Carck No		_			Date		
Ву:			David E./L	ahousse			

Print or Type Name of Authorized Person



Agent Name

Address

P.O. BOX 7366

ROBERT L. SIMMONS

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

Corporations Dlutsion 100 North Main Street Providence, RI 02903-1335 401-222-3040

Matthew A. Brown, Secretary of State

2003

LIMITED LI. Filing Period: Septen	ABILITY CON	APANY ANN Filling Fee: \$5		ORT FOR T	HE YEAR	2003	
(FORM MUST BE TYPED		o Tring Fee. 35	10.170				
1. ID No. 2. Exact name of the limited liability company 115561 K & L ENTERPRISES, LLC					 ·		
3 State of Formation	<u></u>	n of the character of the	huemose udvich te occu	ally conducted in Phode	. Island		
RHODE ISLAND		e Holding (ons comments or known	· <i>ум</i> и		
5. Principal office address 106 'Ridge	Street	•	I	nsocket	State Rhode Is	2ip land 02895	
6. MAILING ADDRE Contact Name David E.	SS OF LIMITED LIABI	LITY COMPANY AN	Contact		PERSON:		
Street Address 106 Ridge Street				nsocket	State Rhode Is	land 02895	
	RESS OF EACH MANAGE FILL IN SP. Y MODIFICATIONS TO	ACES BEFORE USIN	G ATTACHMENT URES FILING OF :	rs ("X" BOX FOI	ICABLE R ATTACHMENT) LG.L. 7-16-12 (a) (2) /	7-16-52	
···				, , , , , , , , , , , , , , , , , , ,			
Street Address			Sireet A	ddress		<u> </u>	
Gity	State	Zip	Cuy		State	Zip	
Manager Name	······	·····	Манадо	r Name		J	
Street Address				Street Address			
City	State	Zip	City		State	Zip	

FILED

DEC 11 2003

By Kmc C15841

02864-0895

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

Address

Cin

CUMBERLAND

10 NATE WHIPPLE HIGHWAY

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.L.G.L. 7-16-11

*	1	1	5	5	6	1	*

•		<u></u>		
File Date				
Check No				
Ву:				
	FOR SECRETAI	RY OF STAT	E USE ONU	Y

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.

Jour & Jakousse Spaces

Sept. 12, 2001

- Signature of Authorized Verson

David E. Lahousse
Print or Type Name of Authorized Person

Form 632 Rev. 7/03



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) I. ID No. 2. Exact name of the limited liabilty company 115561 **K & L ENTERPRISES, LLC** 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island RHODE ISLAND Real estate holding company 5. Principal office address 106 Ridge Street 02895 Woonsocket. 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Nume Contact Title David E. Lahousse . Member Street Address State 106 Ridge Street . Woonsocket RI 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 ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Nume *Manager Name Street Address · Street Address City State Zip City State Zip Munager Name Manager Name Street Address ·Street Address City State 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 Address DAVID E. LAHOUSSE Address Zip 40 BREAKNECK HILL ROAD LINCOLN 02865-

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



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

Print or Type Name of Authorized Person

File Date_ Check No. FOR SECRETARY OF STATE USE ONLY

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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 11	5561

טו	Number DLLC 115561	Annual Report for the year 2001				
1.	The name of the limited liability compa	ny 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	e 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 LINCOL	_N RI 02865-				
5.		ited liability company and the name or title of a person to whom communications Lahousse, 40 Breakneck Hill Road, Lincoln, RI 02865				
6.	state: Real estate holdi					
7.	If the limited liability company has man Name	agers, the name and address of each manager of the limited liability company Address				
Оa	tedSeptember 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.				
	1 1 5 5 6 1	K & L ENTERPRISES, LLC Exact Name of Limited Liability Company				
File	FOR SECRETARY OF STATE USE ONLY Date:	By Janu Charles				
	ck No. JUN 2 1 20020 . !! [6] C	David E. Lahosse, Member				
Ву:	By <u>Co 2276</u>	Title Form No. 632 Revised 01/99				

DETACH BOTTOM BEFORE RETURNING