

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

IMITED	LIABILITY	COMPANY	ANNIIAT.	REPORT	FOR 1	THE VEAR
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2005

1. ID No. 115062 Coxe Properties LLC 3. State of Formation RHODE ISLAND 4. Brief description of the character of the business which is actually conducted in Rhode OWNS REAL ESTATE 5. Principal office address City	island					
RHODE ISLAND OWNS REAL ESTATE	Island					
5 Principal office address Circ						
• •	State	Ζφ				
P.O.BOX 515 BLOCK ISLAND	(C)	02807				
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT F	PERSON:					
Contact Name Contact Title						
WELD COXE MANAGER						
Street Address City	State	Ζφ				
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I Manager Name WELD COXE						
Sirect Address CORN NECK ROYBOR 5 VS Sirect Address	Sireet Address					
BLOCK ISLAND State 24 OZ 807 City	State	Z ₁ p				
Manager Name Manager Name	Manager Name					
Street Address Street Address	Street Address					
City State , Zip City	State	Ζφ				
8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER - Changes require filing of Form 6 Agent Name Address	42 - R.I.G.L. 7-16	11				
WELD COXE CORN NECK ROAD						
Address City	2	Z(p				
P.O. BOX 515 BLOCK ISLAND	BLOCK ISLAND 02807-					

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

~ 1	/ *115062*	

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.

Colore 9/6/05

METO COXE

Print or Type Name of Authorized Person



1. ID No.

115062

Contact Name

Street Address

Manager Name

Street Address

P.O. BOX 515

City

WELD

LOKE

COKE

MACH

State

3. State of Formation

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 BIACK) 2. Exact name of the limited liability company **Coxe Properties LLC** 4. Brief description of the character of the husiness which is actually conducted in Rhode Island **OWNS REAL ESTATE RHODE ISLAND** 5 Principal office address State P & BOX 516 BLOCK ISLAND Rr 02807 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: MANAGER WELD CORE 1012 CORN NITCH RO BLOCK I SLAWS 02807 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

grow tenno	R1	02807	•			
Manager Name	••••••		Manager Nume	•••••		
Sircei Address			Street Address			
City	State	Zıp	City	State	Zip	•
3. RESIDENT AGENT IN RH	ODE ISLAND DO N	OT ALTER - Changes	require filing of Form 642 - 1	.l R.I.G.L. 7 <u>.</u> 10	6-11	
WELD COXE			CORN NECK ROAD			
Address			City Zip			

Street Address

BLOCK ISLAND

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

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File Date	9/9/04	
Check No.	1753	
Ву:	DA	
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

State

Zin

WELD CORE



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 461-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ___

2003

1 10 No. 2 115062	Exact name of the limited Coxe Properties	•					
3 State of Formation	4 Brief description	i of the character of the business	which is actually conducted in Rhode Islan	ıd			
RHODE ISLAND	OWNS REAL	ESTATE					
5 Principal office address Pの 易られ	515		BLOCK ISLAND	State R	ş	05807	
6. MAILING ADDRESS Contact Name	of limited liabil C 🌬 🗠	JIY COMPANY AND NA	ME OR TITLE OF CONTACT PER Contact Title	SON:		•	
Street Address CORN NECK RO., POBOR 515			BLOCK ISLAND	State R 1		7.p .	
7. NAME AND ADDRES	S OF EACH MANAG FILL IN SPA	GER OF THE LIMITED LI ACES BEFORE USING AT	ABILITY COMPANY, IF APPLICAL TACHMENTS - ("X" BOX FOR AT FILING OF AMENDMENT, R.I.G.I	TACHMENT	. —	5-52	
Manager Name WELD COXE		Manager Name					
CORN NE	cu ro		Street Address				
BLOCK ISLA	State R (Zφ ο τ % ο τ	Gty	State		Zift	
- Manager Name			Manager Name				
			Street Address				
Street Address						T	
Street Address	State	Zip	City	State		Zψ	
Sits			ges require filing of Form 642 - Address		6-11	Σψ	

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

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	 9.	2	3 -/	53	

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.

Work Con	<u>-</u>	9	5	03	
Signature of Authorized Person	·	Date		•	

WELD COXE

Print or Type Name of Authorized Person



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) 2. Exact name of the limited liabilty company I. ID No. 115062 Coxe Properties LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation **OWNS REAL ESTATE RHODE ISLAND** 5. Principal office address State City Zip RI 02807 BLOCK ISLAHD PO BOX 515 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name WELD COXE MANAGER City Street Address State 02807 CORN NECK ROAD, POBOX 515 BLOCK ISLAND RI 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 WELD COKE Street Address Street Address CORN ROAD NECK City State Zip City State BLOCK ISLAND RI 02807 Manager Name Manager Name Street Address ·Street Address Ciry Zip City State Zip State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.C.L. 7-16-11 Agent Name Address ROCEANERS **WELD COXE** Address City Zip **CORN NECK ROAD** BLOCK ISLAND 02807-

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



File Date	9.4-02
Check No.	1233
Ву:	<u> </u>
FOR SECRETAR	Y 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.

La Cal	8/28/02	
Signature of Authorized Person	Date	

Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

ra See 5



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 115062	Annual Report for the year 2001
The name of the limited liability compa	ny is:
Coxe Properties LLC	
2. The address of the principal office of the	ne limited liability company is:
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: WELD COXE
CORN NECK ROAD BLOCK ISLAND	RI 02807-
The current mailing address of the limit	ited liability company and the name or title of a person to whom communications
may be directed are: WGLO C	OKE, MANAGER
POBOX	515, BLOCK 19LAND RI 02807
State: Owns REAL ESTAT	the business in which the limited liability company is actually engaged in this largers, the name and address of each manager of the limited liability company Address
WELD COKE	10 BOK 616 BLOCK 156AMP RI 02807
Dated	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
FOR SECRETARY OF STATE USE ONLY File Date: (O. 51-01)	By MANAGER
Check No.: // 45	Title
23	Form No. 632

DETACH BOTTOM BEFORE RETURNING