



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. 115062		2. Exact name of the limited liability company Coxe Properties LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNS REAL ESTATE	
5. Principal office address P.O. Box 515		City BLOCK ISLAND	State RI
		Zip 02807	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name WELD COXE		Contact Title MANAGER	
Street Address		City	State
		Zip	
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 WELD COXE		Manager Name	
Street Address CORN NECK RD, BOX 515		Street Address	
City BLOCK ISLAND	State RI	City	State
Zip 02807		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 WELD COXE		Address CORN NECK ROAD	
Address P.O. BOX 515		City BLOCK ISLAND	Zip 02807

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



File Date 9/13/05 *115062*
Check No. 1505
By: 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.

Weld Coxe 9/6/05
Signature of Authorized Person Date

WELD COXE

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
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100 North Main Street
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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. 115062		2. Exact name of the limited liability company Coxe Properties LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNS REAL ESTATE			
5. Principal office address PO BOX 515		City BLOCK ISLAND	State RI	Zip 02807	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name WELD COXE		Contact Title MANAGER			
Street Address 1072 CORN NECK RD		City BLOCK ISLAND	State RI	Zip 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) <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 WELD COXE		Manager Name			
Street Address CORN NECK RD,		Street Address			
City BLOCK ISLAND	State RI	Zip 02807	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 WELD COXE		Address CORN NECK ROAD			
Address P.O. BOX 515		City BLOCK ISLAND		Zip 02807	

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



* 1 1 5 0 6 2 *

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.

File Date	9/9/04
Check No.	1753
By:	DA
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person Weld Coxe Date 9/7/04
Print or Type Name of Authorized Person WELD COXE



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. 115062		2. Exact name of the limited liability company Coxe Properties LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNS REAL ESTATE			
5. Principal office address PO BOX 515		City BLOCK ISLAND		State RI	Zip 02807
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name WELD COXE			Contact Title MANAGER		
Street Address CORN NECK RD., PO BOX 515		City BLOCK ISLAND		State RI	Zip 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) <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 WELD COXE			Manager Name		
Street Address CORN NECK RD			Street Address		
City BLOCK ISLAND	State RI	Zip 02807	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 WELD COXE			Address BLOCK ISLAND		
Address CORN NECK ROAD			City BLOCK ISLAND		Zip 02807

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



File Date	9-23-03
Check No	1331
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.

Weld Coxe **9/5/03**
Signature of Authorized Person Date
WELD COXE
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. 115062		2. Exact name of the limited liability company Coxe Properties LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNS REAL ESTATE			
5. Principal office address PO BOX 515		City BLOCK ISLAND	State RI	Zip 02807	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name WELD COXE			Contact Title MANAGER		
Street Address CORN NECK ROAD, PO BOX 515		City BLOCK ISLAND	State RI	Zip 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) <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 WELD COXE			* Manager Name .		
Street Address CORN NECK ROAD			* Street Address .		
City BLOCK ISLAND	State RI	Zip 02807	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 WELD COXE			Address Albion Ave		
Address CORN NECK ROAD			City BLOCK ISLAND	Zip 02807	

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



* 1 1 5 0 6 2 *

File Date	<u>9-4-02</u>
Check No.	<u>1233</u>
By:	<u>W</u>
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.

Weld Coxe 8/28/02
Signature of Authorized Person Date
WELD COXE
Print or Type Name of Authorized Person

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 115062

Annual Report for the year 2001

1. The name of the limited liability company is:

Coxe Properties LLC

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

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: WELD COXE

CORN NECK ROAD BLOCK ISLAND RI 02807-

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: WELD COXE, MANAGER

PO BOX 515, BLOCK ISLAND RI 02807

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: OWNERS REAL ESTATE

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

Name

Address

WELD COXE

PO BOX 515, BLOCK ISLAND RI 02807

Dated 10/30/01



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.

COXE PROPERTIES LLC

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

File Date: 10-31-01

Check No.: 11415

By: [Signature]

By: [Signature]

MANAGER

Title

Form No. 632
Revised 01/99

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