

FOR SECRETARY OF STATE USE ONLY

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. 2. Exact name of the limited liabilty company 120165 Wescott Industries, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island purchase, hold and sell real estate for investment RHODE ISLAND 5. Principal office address State 124 TROUT DRIVE MIDDLETOWN RI 02842-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title JOSEPH H OLANNACK Street Address City State 31 AMERICA'S CUP AVENUE . NEWPORT RI 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) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name -Munager Name Street Address Street Address City State Ζip State Zio Manager Nam Manager Name Street Address Street Address City State Zip 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 Address JOSEPH H. OLAYNACK, III 31 AMERICA'S CUP AVENUE Address City Zip NEWPORT 02840-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 dontained herein are true and correct. *120165 DLLC 09/15/05 03:06:01 PM* File Date Check No. Kyle A. Borsare Print or Type Name of Authorized Person

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401,222.3040

Form 632 Rev. 6/02

LLC

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

2 Exact name of the limited liabilty company

(FORM MUST BE TYPED OR PRINTED IN BLACK)

I. ID No.

120165

3. State of Formation

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

4. Brief description of the character of the business which is actually conducted in Rhode Island

WESCOTT INDUSTRIES

Durchase, hold and sell real estate it all types for inve

124 TROUT D	rive		MIPOLETOWN	State PI	^{Zip} 02942	
6. MAILING ADDRESS O	F LIMITED LIABI	LITY COMPANY AN	D NAME OR TITLE OF C	ONTACT PER	ISON:	
Joseph H.	Olaynac	k 111	Contact Title			
	Cup. An		: Newport	State RI	^{zip} 02840	
NAME AND ADDRESS		ER OF THE LIMIT	ED LIABILITY COMPANY		ABLE	
ANY MO		BEFORE USING ATTAC NAGERS REQUIRES FI	CHMENTS ("X" BOX FOR AT LING OF AMENDMENT, R.LG.L			
Manager Name			· Manager Name			
Sircel Address			• Street Address			
			•			
City	State	Zip	*City	State	Zip	
Manager Name	J	1	*Manager Name			
irees Address	<u></u>		·Sireel Address			
City	State	Zip	,City	State	Zip	
			•			
gent Name	HODE ISLAND -DO I	NOT ALTER- Change:	s require filing of Form		4	
Joseph H.	Olaynad	LIII	31 Ameri Neupott	ca's Cu	p. Ave.	
Address			City Alaman	[2	ip 0110	
fg		<u></u>	Nember		02040	
This report must he s igned	in ink by an autho	orized person pursua	ant to 7-16-66.			



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) L. ID No 2. Exact name of the limited liabilty company 120165 Wescott Industries, LLC 3 State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island RHODE ISLAND purchase, hold and sell real estate of all types for investment 5. Principal office address State 124 TROUT DRIVE MIDDLETOWN RI 02842-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title JOSEPH H. OLAYNACK III Street Address City State 31 AMERICA'S CUP AVENUE, PO BOX 389 . NEWPORT RI 02840 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS TYX" 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 Street Address · Street Address Cirv State City State Ziρ Manager Name Manager Name Street Address ·Street Address City State .Ciry State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.Gl., 7-16-11 Agent Name Address JOSEPH H. OLAYNACK, III 31 AMERICA'S CUP AVENUE Address City Zip CORCORAN, PECKHAM, HAYES & GALVIN, PC NEWPORT 02840-

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



120165 DLLC,09/30/03 12:01:02 PM
File Date 170
Check No. 1022
B _X .
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 the all statements contained herein are true and correct.

KYLE A. BORSARE



Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR <u>2002</u>

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 **Aquidneck Custom Composites, LLC** 120165 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **RHODE ISLAND** VILDING 5. Principal office address 02842 124 TROUT DELIVE 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title A. BORSARE PINER Street Address 02842 (ZI 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 Street Address Street Address State Zip City State Zip Manager Name Manager Name Street Address •Street Address City State City Zip Zip 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 **WILLIAM A. KOFFLER** Address Zip 124 TROUT DRIVE **MIDDLETOWN** 02842-

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



File Date	9.30.02				
Check No.	869				
<i>В<u>у</u>:</i>	Ze				
FOR SECRETARY OF STATE USE ONLY					

Under penalty of perjury, Lideclare and affirm that I have exa	amined
this report, including any accompanying schedules and state	ments,
and that all statements contained herein are true and correct.	•
Whatelle 91	6/02
Signature of Authorized Person Date	
WILLIAM A. KOFFLER	-
Print or Type Name of Authorized Person	
Form	n 632 Rev 6/0