



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. 119076		2. Exact name of the limited liability company BOGEY, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING AN INTEREST IN REAL ESTATE AND THE OPERATION AND MAINTENANCE OF SAME			
5. Principal office address 11 Meadow Road		City Narragansett	State RI	Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Richard D. Brearley			Contact Title Manager		
Street Address 11 Meadow Road		City Narragansett	State RI	Zip 02882	
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 Richard D. Brearley			Manager Name		
Street Address 11 Meadow Road			Street Address		
City Narragansett	State RI	Zip 02882	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 JAMES F. MCALEER			Address		
Address 30 KENNEDY PLAZA, SUITE 332			City PROVIDENCE	Zip 02903-	

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

File Date 9/13/05 *119076*

Check No. 1069

By: DA

FOR SECRETARY OF STATE USE ONLY

Richard D. Brearley ✓ 09-11-05
Signature of Authorized Person Date

Richard D. Brearley, Manager
Print or Type Name of Authorized Person



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Manager Name			Manager Name		
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City	State	Zip	City	State	Zip
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Address 30 KENNEDY PLAZA, SUITE 332		City PROVIDENCE	Zip 02903-		

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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.

FILED

File Date SEP 10 2004

Check No. _____

By: 1033 GMA

FOR SECRETARY OF STATE USE ONLY

Richard D. Brearley ✓ 09-09-04 ✓
 Signature of Authorized Person Date

Richard D. Brearley, Manager
 Print or Type Name of Authorized Person



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. 119076		2. Exact name of the limited liability company BOGEY, LLC			
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Street Address 11 Meadow Road		Street Address			
City Narragansett	State RI	Zip 02882	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 JAMES F. MCALEER			Address		
Address 15 WESTMINSTER STREET, SUITE 605		City PROVIDENCE	Zip 02903		

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



* 1 1 9 0 7 6 *

File Date 9-5-03
 Check No. 1015
 By: rc
 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.

Richard D Brearley 09-04-03
 Signature of Authorized Person Date

Richard D. Brearley, Manager
 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. 119076		2. Exact name of the limited liability company BOGEY, LLC	
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		Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Richard D. Brearley		Contact Title	
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		Zip 02882	
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Manager Name Richard D. Brearley		*Manager Name	
Street Address 11 Meadow Road		*Street Address	
City Narragansett	State RI	Zip 02882	*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 JAMES F. MCALEER		Address	
Address 15 WESTMINSTER STREET, SUITE 605		City PROVIDENCE	Zip 02903-

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



* 1 1 9 0 7 6 *

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 9-12-02
Check No. 1006
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

[Signature] 9-11-02
Signature of Authorized Person Date

Richard D. Brearley, Manager
Print or Type Name of Authorized Person