



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 02903-1535
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 126079		2. Exact name of the limited liability company ROUND MEADOWS ASSOCIATION, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CAMPGROUND ASSOCIATION	
5. Principal office address 125 So. Shore Road		City Little Compton	State RI Zip 02837
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Annette E Paul		Contact Title Treasurer	
Street Address 29 Tennyson Dr.		City Swansea	State Ma Zip 02777
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 Edward Roderick		Manager Name Michael Strachan	
Street Address 112 Oakdale Ave		Street Address 21 Sequoia Lane	
City Pawtucket	State R.I	City N. Attleboro	State Ma Zip 02760
Manager Name Annette Paul		Manager Name Nancy Roderick	
Street Address 29 Tennyson Dr.		Street Address 112 Oakdale Ave	
City Swansea	State Ma	City Pawtucket	State R.I Zip 02860
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name RICHARD STONELY		Address	
Address 171 PROGRESS STREET		City INCOLN	Zip 02865

FILED

FEB 27 2006

BY AMF 91884

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 _____ *126079*

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Annette Paul 9-6-05
Signature of Authorized Person Date

Annette Paul
Print or Type Name of Authorized Person



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 126079		2 Exact name of the limited liability company ROUND MEADOWS ASSOCIATION, LLC			
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island CAMPGROUND ASSOCIATION			
5 Principal office address 125 So. Shore Road		City Little Compton	State R.I	Zip 02837	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Edward Roderick			Contact Title President		
Street Address 112 Oakdale Ave.		City Pawtucket	State R.I	Zip 02860	
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 Nancy Roderick			Manager Name Richard Stonely		
Street Address 112 Oakdale Ave		Street Address 171 Progress ST			
City Pawtucket	State R.I	Zip 02860	City Lincoln	State R.I	Zip 02865
Manager Name Michael Strachan			Manager Name Annette E. Paul		
Street Address 21 Sequoia Lane		Street Address 29 Tennyson Dr.			
City N. Attleboro	State Ma	Zip 02760	City Swansea	State Ma	Zip 02777
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name RICHARD STONELY			Address		
Address 171 PROGRESS STREET		City LINCOLN	Zip 02865		

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



* 1 2 6 0 7 9 *

File Date 9/13/04
Check No 147
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.

Annette E. Paul
Signature of Authorized Person Date
Annette E. Paul
Print or Type Name of Authorized Person



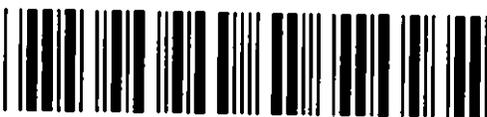
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 126079		2. Exact name of the limited liability company: ROUND MEADOWS ASSOCIATION, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Campground Association	
5. Principal office address 125 So. Shore Road		City Little Compton	State R.I.
			Zip 02837
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Richard Stonely		Contact Title President	
Street Address 171 Progress St.		City Lincoln	State R.I.
			Zip 02865
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 Stonely		Manager Name Annette Paul	
Street Address 171 Progress St.		Street Address 29 Tennyson DR	
City Lincoln	State R.I.	City Swansea	State Ma
Zip 02865		Zip 02777	
Manager Name Nancy Roderick		Manager Name	
Street Address 112 Oakdale Ave		Street Address	
City Pawtucket	State R.I.	City	State
Zip 02860			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 RICHARD STONELY		Address	
Address 171 PROGRESS STREET		City LINCOLN	Zip 02865-

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



* 1 2 6 0 7 9 *

File Date 11/25/03
Check No. 144
By: [Signature]
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 W. Stonely 9-21-03
Signature of Authorized Person Date
Richard W. Stonely
Print or Type Name of Authorized Person