



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. 99779		2. Exact name of the limited liability company Christopher Young, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HOLDING COMPANY	
5. Principal office address 11 MEMORIAL BOULEVARD		City NEWPORT	State RI Zip 02840-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JAMES F HYMAN		Contact Title ESQ.	
Street Address 11 MEMORIAL BOULEVARD		City NEWPORT	State RI Zip 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) <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 N/A		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
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. HYMAN, ESQ.		Address 11 MEMORIAL BOULEVARD	
Address		City NEWPORT	Zip 02840

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



9 9 7 7 9

99779 DLLC 08/30/05 01:43:02 PM

File Date 9/23/05

Check No. 5924

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.

[Signature] Date 9.17.05
Signature of Authorized Person

CHRIS YOUNG, MEMBER
Print or Type Name of Authorized Person



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 BLACK)

1. ID No. 99779		2. Exact name of the limited liability company Christopher Young, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HOLDING COMPANY	
5. Principal office address 11 MEMORIAL BOULEVARD		City NEWPORT	State RI
		Zip 02840-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JAMES F HYMAN		Contact Title	
Street Address 11 MEMORIAL BOULEVARD		City NEWPORT	State RI
		Zip 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) <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 N/A		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 JAMES F. HYMAN, ESQ.		Address 11 MEMORIAL BOULEVARD	
Address		City NEWPORT	Zip 02840

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



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99779 DLLC 09/01/04 08:46:50 AM

File Date 9/13/04

Check No. 5306

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.

Signature of Authorized Person

Date

Chris Young, Member

Print or Type Name of Authorized Person



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 99779		2. Exact name of the limited liability company Christopher Young, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HOLDING COMPANY			
5. Principal office address 11 Memorial Boulevard		City Newport		State RI	Zip 02840
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name: James F. Hyman Contact Title: Esq.					
Street Address 11 Memorial Boulevard		City Newport		State RI	Zip 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) <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 N/A		Manager Name N/A			
Street Address		Street Address			
City		State		Zip	
Manager Name		Manager Name			
Street Address		Street Address			
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. HYMAN, ESQ.		Address			
Address 11 MEMORIAL BOULEVARD		City NEWPORT		Zip 02840	

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



* 9 9 7 7 9 *

File Date	10/28/03
Check No	4825
By	
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
Date: 10/18/03
Chris Young, Member
Print or Type Name of Authorized Person



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

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)

1. ID No. *99779*		2. Exact name of the limited liability company Christopher Young, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island HOLDING COMPANY	
5. Principal office address 11 MEMORIAL BOULEVARD		City NEWPORT	State RI
		Zip 02840-	
6. CONTACT INFORMATION OF LIMITED LIABILITY COMPANY AND INDIVIDUALS OF CONTACT PERSON			
Contact Name JAMES F HYMAN		Contact Title ESQ.	
Street Address 11 MEMORIAL BOULEVARD		City NEWPORT	State RI
		Zip 02840-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE YES - IN SEPARATE REPORT, UNDER ATTACHMENT 1. NO - NO ATTACHMENTS ANY MODIFICATIONS TO MEMBERS MEMBERS FROM AN AMENDMENT, ALSO LIST IN THIS PART			
Manager Name N/A		• Manager Name • N/A	
Street Address		• Street Address	
City	State	Zip	• City
• Manager Name	•	•	• Manager Name
Street Address	•	•	• Street Address
City	State	Zip	• City
•	•	•	•
8. RESIDENT AGENT IN RHODE ISLAND AND DO NOT ALLOW CHANGE - requires filing of Form 649, RAL-1111			
Agent Name JAMES F. HYMAN, ESQ.		Address 11 MEMORIAL BOULEVARD	
Address		City NEWPORT	Zip 02840

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



99779 DLLC9/5/023:06:36 PM

File Date 12-9-02

Check No. 4271

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.

[Signature] 10/29/02
Signature of Authorized Person Date
Chris Young, Member
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 99779

Annual Report for the year 2001

1. The name of the limited liability company is:

Christopher Young, LLC

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

11 Memorial Boulevard, Newport, RI 02840

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: JAMES F. HYMAN, ESQ.

11 MEMORIAL BOULEVARD NEWPORT RI 02840

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: 11 Memorial Boulevard, Newport, RI 02840

James F. Hyman, Esq.

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

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

Name

Address

N/A

N/A

Dated 9/12/01



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.

Christopher Young, LLC

Exact Name of Limited Liability Company

By [Signature]

Chris Young, Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-27-01

Check No.: 3454

By: [Signature]

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

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

LIMITED LIABILITY COMPANY

ID Number 99779

Annual Report for the year 2000

1. The name of the limited liability company is:

CHRISTOPHER YOUNG, LLC

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

11 Memorial Boulevard, Newport, RI 02840

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: James F. Hyman, Esq.

11 Memorial Boulevard, Newport, RI 02840

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: 11 Memorial Boulevard, Newport, RI 02840

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

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

Name

Address

N/A

FILED

NOV 30 2000

02903-1335

Date: 11/29/00

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.

Christopher Young, LLC.

Exact Name of Limited Liability Company

By [Signature]

CHRISTOPHER YOUNG

Title

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

LIMITED LIABILITY COMPANY

ID Number 99779

Annual Report for the year 1999

1. The name of the limited liability company is:

CHRISTOPHER YOUNG, LLC

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

11 Memorial Boulevard, Newport, RI 02840

3. The state or other jurisdiction under the laws of which it is formed is: _____

4. The name and address of its resident agent is: James F. Hyman, Esq.

11 Memorial Boulevard, Newport, RI 02840

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: 11 Memorial Boulevard, Newport, RI 02840

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

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

Name

Address

N/A

FILED

NOV 30 2000

2000-11-25 4:59

Date: 11/29/00

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.

Christopher Young, LLC

Exact Name of Limited Liability Company

By *[Signature]*

CHRISTOPHER YOUNG

Title