

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

FORM MUST BE TY							
1. ID No. 99779	Christopher Youn	t name of the limited liability company topher Young, LLC					
3. State of Formation	•		he business which is actually condu	icted in Rhode Island			
RHODE ISLAND	HOLDING C	OMPANY					
5. Principal office add 11 MEMORIAL			City NEWPORT	State RI	<i>Zip</i> 02840-		
6. MAILING ADI Contact Name JAMES F HYMA		LIABILITY COMP	Contact Title ESQ.	LE OF CONTACT I	PERSON:		
ireet Address			City	State	Zip		
1 MEMORIAL I	BOULEVARD		. NEWPORT	RI	02840-		
fanager Name			IRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 • Manager Name • .				
anager Name							
·			·	<u>.</u>			
treet Address			• Street Address	<u>.</u>			
treet Address	State	Zip	·	State	Zip		
irreet Address	State	Zip	• Street Address	State	Zip		
ity:	State	Zip	* Street Address * City	State	Zip		
ing. Ing. Ianager Name Ireel Address	State	Zip	*Street Address *City *Manager Name	State	Zip		
gent Name	State ENT IN RHODE ISLAN	Zip	*Street Address *City *Manager Name *Street Address	State	Zip		
ireel Address iny: danager Name treel Address ity RESIDENT AGE gent Name	State ENT IN RHODE ISLAN	Zip	**Street Address **City **Manager Name **Street Address **City thanges require filing of	State f Form 642 - R.I.G.I	Zip		
Tity: Manager Name Treet Address Tity RESIDENT AGE	State ENT IN RHODE ISLAN	Zip	*Street Address *City *Manager Name *Street Address City hanges require filing of	State f Form 642 - R.I.G.I	Zip		

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



99779 DL	LC 08/30/08 01:43:02 PM	
File Date	7/33/05	
Check No.	5924	
B <u>y:</u>		
FOR SECRET	TARY 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.

Signation of Authorized Person

CHRIS YOUNG, MEMBER



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.

2. Exact name of the limited liability company

Christopher Young, LLC

99779

3. State of Formation

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

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

RHODE ISLAND	HOLDING CO	OMPANY	•		
. Principal office addres		<u>-</u>	City NEWPORT	State RI	<i>Zip</i> 02840-
6. MAILING ADDR Contact Name JAMES F HYMAN	ESS OF LIMITED	LIABILITY COM	PANY AND NAME OR TITLE Contact Title		
Street Address	 		Ciry	State	Zip
1 MEMORIAL BO	ULEVARD		NEWPORT	RI	02840-
	FILL IN SP	PACES BEFORE: USI	E LIMITED LIABILITY CON NG ATTACHMENTS ("X" BOX QUIRES FILING OF AMENDMENT.	FOR ATTACHMENT) 🛚	ABLE
anager Name		TO MAINTAGERS RE	· · - · · · · · · ·	K'I'C'T 1-10-15 (8) (5) 1	7-16-52
I/A			• Manager Name •		
treet Address	 _	<u> </u>	4 Council didi	<u></u>	
··· - ·· · · · · · · · · · · · · · · ·			Street Address		
City	State	715	• • • • • • • • • • • • • • • • • • •	10	
•••	Marie	Zıp	City	State	Zip
Sanager Name	• • • • • • • • • •		Manager Name		
Street Address			·Street Address	-	
Lity	State	Zip	City	State	Zip
			•		
JAMES F. HYMAN ddress	, E3Q.		11 MEMORIAL B City NEWPORT	Z	ip)2840
"his report must be	signed in ink by an	authorized perso	on pursuant to 7-16-66.		
9	9 7 7 9				
*99779 DLLC 0910 File Date 4	01/04 08:46:50 AM ^o 13 104 5306		this report, includ	perjury, I declare and affi ing any accompanying so tents commained herein an	irm that I have examined chedules and statements, e true and correct.



Corporate as Divisent 100 North Main Street Providence, RI 02903-1535 401-222-8040

2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK)

99 779	2 Evact name of the Invited habitity company Christopher Young, LLC						
3 State of Formation	4 brief description :		aress which is actually conducted in Rhoo	le Island			
RHODE ISLAND	HOLDING COM	MIT					
5. Ermeipa! office address			Cur	State	$Z\phi$		
11 Memo. 6. MAILING ADDRE	rial Boulevard SS OF LIMITED LIABILI	TY COMPANY AND	Newport NAME OR TITLE OF CONTACT	PERSON: R	02840		
Consuct Name			Contact Title				
James F	Hyman		Esq.	7 .			
Street Address			Cu_1	State	ZQ		
	rial Boulevard		Newport	l R	I 02840		
7. NAME AND ADDI			LIABILITY COMPANY, IF APPI ATTACHMENTS = ("X" BOX FO		· m		
AN			ES FILING OF AMENDMENT, R	•	_		
Manager Name			Manager Name	Manager Name			
N/A			N/A	N/A			
Street Address			Street Address				
City	State	Żψ	Car	State	Zφ		
····							
Manager Name			Manager Name	Manager Name			
Street Address		·	Street Address	Street Address			
City	State	Zip	Gity	State	Zφ		
8. RESIDENT AGENT	I I IN RHODE ISLAND - I	I DO NOT ALTER - Ch	: panges require filing of Form (। 642 - R.I.G.L. 7-1	6-11		
Agent Name			Address				
JAMES F. HYMAN, ES	SQ						
Address			Cit)		Ziβ		
11 MEMORIAL BOULI	EVARD		NEWPORT		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	
By:	
FOR SECRETARY OF STATE USE ONLY	

imined this report.
hat all statements
<u> </u>

Chris Young, Member

Print or Type Name of Authorized Person

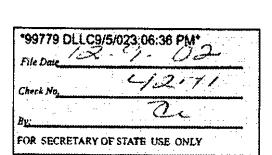


Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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 BLACE) 2. Exact name of the limited liabilty company 1. ID No. *99779* Christopher Young, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island BOLDING COMPANY RHODE ISLAND 5. Principal office address State City Ζίρ 11 MEMORIAL BOULEVARD NEWPORT RΙ 02840-Contact Name Contact Title JAMES F HYMAN ESO. City Street Address State Zip 11 MEMORIAL BOULEVARD NEWPORT RI 02840-AMELING ADPRESS OF EAGLEMANAGES OF THE LA THE THEFAT IS BEFORE AND F Manager Name · Manager Name N/A N/A Street Address · Street Address City State Zip *City State Zip Manager Name Manager Name Street Address Street Address City State State Address JAMES F. HYMAN, ESQ. 11 MEMORIAL BOULEVARD 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 affurthis report, including any accompanying so, and that all statements contained-herein are	hedules and statements,
Alle	10/29/02
Signature of Authorized Person Chris Young, Member	Date /
Print or Type Name of Authorized Person	

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

- Topic s



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

Υ

LIMITED LIABILITY	COMPAN'

ID	Number DLLC 99779	Annual Report for the year 2001			
1.	The name of the limited liability compan	y 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 a	gent is: JAMES F. HYMAN, ESQ.			
	11 MEMORIAL BOULEVARD NEWPO	RT RI 02840			
5.	The current mailing address of the limite may be directed are: 11 Memorial James F. Hyman, Esq.	ed liability company and the name or title of a person to whom communications Boulevard, Newport, RI 02840			
6.	A brief statement of the character of tstate: Holding Company	the business in which the limited liability company is actually engaged in this			
7.	If the limited liability company has mana	agers, the name and address of each manager of the limited liability company Address			
	N/A	N/A			
	FOR SECRETARY OF STATE USE ONLY Date: 9-27-01	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 Ourse Young, Member			
Che Bv	ck No.: 3454	Title Form No. 632 Revised 01/99			

DETACH BOTTOM BEFORE RETURNING

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

		ED EIADIEIT I OOMI AITT
ID	Number	Annual Report for the year
1.	The name of the limited liability company is: CHRISTOPHER YOUNG, LLC	
2.	The address of the principal office of the lim	
3. 4.	,	is: James F. Hyman, Esq.
5.	_	ted liability company and the name or title of a person to whom Memorial Boulevard, Newport, RI 02840
6.	A brief statement of the character of the brief state: Holding company	usiness in which the limited liability company is actually engaged in this
7.	If the limited liability company has managen Name N/A	s, list the name and address of each manager: Address
Da	FILED NOV. 30 2000 11 29 10 0	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 Virialed Liability Company
		CHRISTOPHER YOUNG Title

Form No 632 Revised: 01/99 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 <u>99779</u>	Annual Report for the year 1999
1.	The name of the limited liability company is CHRISTOPHER YOUNG, LLC	s:
2.	The address of the principal office of the lin	
3.	The state or other jurisdiction under the law	vs of which it is formed is:
4.	The name and address of its resident agen	tis: James F. Hyman, Esq.
	11 Memorial Boulevard, Newport,	
5.		nited liability company and the name or title of a person to whom 1 Memorial Boulevard, Newport, RI 02840
6.	A brief statement of the character of the state: Holding company	business in which the limited liability company is actually engaged in this
7.	If the limited liability company has manage	ers, list the name and address of each manager:
	Name	Address
	FILED	
Da	NOV 30 2000 - ADATO 254597 1e:	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
		CHRÍSTOPHER YOUNG

Form No. 632 Revised: 01/99