



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. 110281		2. Exact name of the limited liability company Evans Cottage Limited Liability Company	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To manage jointly owned family real estate	
5. Principal office address 65 Haversham Road		City Westerly	State RI
		Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Elizabeth H. Evans		Contact Title Managing Member	
Street Address 162 Falls Road		City Bethany	State CT
		Zip 06524	
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		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 Matthew H. Thomsen		Address 43 Broad Street	
Address P.O. Box 531		City Westerly	Zip 02891

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 contained herein are true and correct.

Elizabeth H. Evans 9/1/2005
Signature of Authorized Person Date
Elizabeth H. Evans
Print or Type Name of Authorized Person

File Date	<u>9/6/05</u>
Check No.	<u>677</u>
By:	<u>DA</u>
FOR SECRETARY OF STATE USE ONLY	



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. 110281		2. Exact name of the limited liability company Evans Cottage Limited Liability Company	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To manage jointly owned family real estate	
5. Principal office address 65 Haversham Road		City Westerly	State RI
		Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Elizabeth H. Evans		Contact Title Managing Member	
Street Address 162 Falls Road		City Bethany	State CT
		Zip 06524	
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 (b) (2) / 7-16-52			
Manager Name		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 Matthew H. Thomsen		Address 43 Broad Street	
Address P.O. Box 531		City Westerly	Zip 02891

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 contained herein are true and correct.

Elizabeth H. Evans 6/29/2005
Signature of Authorized Person Date
Elizabeth H. Evans
Print or Type Name of Authorized Person

File Date	<u>7/5/05</u>
Check No.	<u>673</u>
By:	<u>EA</u>
FOR SECRETARY OF STATE USE ONLY	



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 110281		2. Exact name of the limited liability company Evans Cottage Limited Liability Company	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO MANAGE JOINTLY OWNED FAMILY REAL ESTATE	
5. Principal office address 65 Haversham Road		City Westerly	State RI
		Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Elizabeth H. Evans		Contact Title Managing Member	
Street Address 162 Falls Road		City Bethany	State CT
		Zip 06524	
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 Elizabeth H. Evans		Manager Name James H. Taylor	
Street Address 162 Falls Road		Street Address 8 Wyman Road	
City Bethany	State CT	City Marblehead	State MA
Zip 06524		Zip 01945	
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 MATTHEW H. THOMSEN		Address 43 BROAD STREET	
Address P.O. BOX 531		City WESTERLY	Zip 02891-0531

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



* 1 1 0 2 8 1 *

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 _____
Check No _____
BY ELIZABETH H. EVANS
FOR SECRETARY OFFICE USE ONLY

Elizabeth H. Evans 4/12/04
Signature of Authorized Person Date
ELIZABETH H. EVANS
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. 110281		2. Exact name of the limited liability company Evans Cottage Limited Liability Company			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO MANAGE JOINTLY OWNED FAMILY REAL ESTATE			
5. Principal office address 65 Haversham Road			City Westerly	State RI	Zip 02891
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Elizabeth H. Evans			Contact Title Managing Member		
Street Address 162 Falls Road			City Bethany	State CT	Zip 06524
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 Elizabeth H. Evans			Manager Name James H. Taylor		
Street Address 162 Falls Road			Street Address 8 Wyman Road		
City Bethany	State CT	Zip 06524	City Marblehead	State MA	Zip 01945
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 MATTHEW H. THOMSEN			Address 43 BROAD STREET		
Address P.O. BOX 531			City WESTERLY	Zip 02891-0531	

AUG 15 2003

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



* 1 1 0 2 8 1 *

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.

Elizabeth H. Evans Aug. 10, 2003
Signature of Authorized Person Date
Elizabeth H. Evans
Print or Type Name of Authorized Person

FILED

File Date AUG 15 2003

Check No. By M3350 GAH

By: _____

FOR SECRETARY OF STATE USE ONLY

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 DLIC 110281

Annual Report for the year 2001

1. The name of the limited liability company is:

Evans Cottage Limited Liability Company

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

65 Haverham Road, Westerly, RI 02891

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: MATTHEW H. THOMSEN

43 BROAD STREET P.O. BOX 531 WESTERLY RI 02891-0531

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: Elizabeth H. Evans, Manager, 162 Falls Road,

Bethany, CT 06524-3301

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To manage jointly owned family real estate.

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

Elizabeth H. Evans
James H. Taylor

162 Falls Road Bethany CT 06524
8 Wyman Rd, Marblehead MA 01945

Dated September 20, 2001

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.



1 1 0 2 8 1

Evans Cottage Limited Liability Company
Exact Name of Limited Liability Company

By Elizabeth H. Evans
Manager Title

FOR SECRETARY OF STATE USE ONLY
File Date: 9-24-01
Check No.: 527
By: de