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.	2. Exact name of the limited liabilty company
104387	SCITUATE HIGHLANDS, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	GOLF COURSE CONSTRUCTION & LAND DEVELOPMENT

5. Principal office address	City	State	Zip
410 KINGSTOWN ROAD	WEST KINGSTON	RI	02892-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name	Contact Title
JOSEPH H SCOTT	

Street Address	City	State	Zip
410 KINGSTOWN ROAD	WEST KINGSTON	RI	02892-

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE

FILL IN SPACES BEFORE USING ATTACHMENTS! *("X" BOX FOR ATTACHMENT)* ☐

ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Joseph H. Scott	410 Kingstown Rd	W. Kingston	RI	02892

Manager Name	Street Address	City	State	Zip

Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - *DO NOT ALTER:* Changes require filing of Form 642, R.I.G.L. 7-16-1

Agent Name	Address
JOSEPH H. SCOTT, ESQ.	410 KINGSTOWN ROAD

Address	City	Zip
	WEST KINGSTON	02892

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

[redacted] 104387 [redacted]

104387 DLLC 11/0[illegible] 4:[illegible]5 PM

FILED

File Date NOV 29 2005

Check No. By [illegible]

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.

Joseph H. Scott — 11-1-05

Signature of Authorized Person — *Date*

JOSEPH H. SCOTT

Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 6/02

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.	2. Exact name of the limited liability company
104387	SCITUATE HIGHLANDS, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	Golf course construction & land development, & any other lawful purpose

5. Principal office address	City	State	Zip
410 Kingstown Road	West Kingston	RI	02892

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Joseph H. Scott	Manager

Street Address	City	State	Zip
410 Kingstown Road	West Kingston	RI	02892

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS ***("X" BOX FOR ATTACHMENT)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Joseph H. Scott	As above			
Manager Name	Street Address	City	State	Zip
Manager Name	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	Address	City	Zip
JOSEPH H. SCOTT, ESQ.	410 KINGSTOWN ROAD	WEST KINGSTON	02892

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

* 1 0 4 3 8 7 *

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.

Joseph H. Scott — 11-1-04
Signature of Authorized Person — *Date*

JOSEPH H. SCOTT
Print or Type Name of Authorized Person

File Date 12/3/04
Check No. 3070
By: DL
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 7/03

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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
104387	SCITUATE HIGHLANDS, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	Golf course construction and development and any other lawful enterprise

5. Principal office address	City	State	Zip
410 Kingstown Road	West Kingston	RI	02892

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Joseph H. Scott	Attorney

Street Address	City	State	Zip
410 Kingstown Road	West Kingston	RI	02892

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Joseph H. Scott	as above			

Manager Name	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	Address	City	Zip
JOSEPH H. SCOTT, ESQ.			
Address		City	Zip
410 KINGSTOWN ROAD		WEST KINGSTON	02892

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

[redacted] * 1 0 4 3 8 7 * [redacted]

File Date 10/1/03
Check No 2608
By JH

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.

Joseph H. Scott
Signature of Authorized Person *Date*

[redacted]

Joseph H. Scott
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.	2. Exact name of the limited liability company
104387	SCITUATE HIGHLANDS, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	Golf Course construction and development & any other lawful enterprise.

5. Principal office address	City	State	Zip
410 Kingstown Rd.	West Kingston	RI	02892

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Joseph H. Scott	Attorney

Street Address	City	State	Zip
410 Kingstown Rd.	West Kingston	RI	02892

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE

FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐

ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	Manager Name
Joseph H. Scott	
Street Address	Street Address
As Above	
City / State / Zip	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	Address
JOSEPH H. SCOTT, ESQ.	
Address	City / Zip
410 KINGSTOWN ROAD	WEST KINGSTON 02892

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

[redacted]

* 1 0 4 3 8 7 *

[redacted]

11-1-02
File Date

2179
Check No.

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.

Joseph H. Scott 9/18/02
Signature of Authorized Person *Date*

JOSEPH H SCOTT
Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 6/02

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 104387

Annual Report for the year 2001

1. The name of the limited liability company is:

   SCITUATE HIGHLANDS, LLC

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

   410 Kingstown Road, West Kingston, RI 02892

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: JOSEPH H. SCOTT, ESQ.

   410 KINGSTOWN ROAD WEST KINGSTON RI 02892

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: 410 Kingstown Road, West Kingston, RI 02892

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

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

Name	*Address*

Dated 11-01-01

1 0 4 3 8 7

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.

SCITUATE HIGHLANDS, LLC
Exact Name of Limited Liability Company

By Joseph H. Scott

Memeber
Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY
File Date: 12-10-01
Check No.: 1862
By: dc

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
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 104387 **Annual Report for the year** 2000

1. The name of the limited liability company is:

   SCITUATE HIGHLANDS, LLC

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

   410 Kingstown Road, West Kingston, RI 02892

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: JOSEPH H. SCOTT, ESQ.

   410 KINGSTOWN ROAD WEST KINGSTOWN RI 02892

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: 410 KIngstown Road, West KIngston, RI 02892

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

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

Name	*Address*
Joseph H. scott, Esquire	410 Kingstown Road, West Kinston, RI 02892

Dated 11-30-00

104387

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.

SCIUATE HIGHLANDS, LLC
Exact Name of Limited Liability Company

By Joseph H. Scott

Manager
Title

FOR SECRETARY OF STATE USE ONLY
File Date: 11/30
Check No.: 1468
By: dr

Form No. 632
Revised 01/99