

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

104387	SCIT	ict name of the limited TUATE HIGHLAN	liabilty company		-	
. State of Formati				nusiness which is actually conducted i	:- 06.4- 1.14	
RHODE ISLA	ND	GOLF COURSE	CONSTRUCTION &	LAND DEVELOPMENT	at Knode Island	
Principal office				City	State	Zip
10 KINGST				WEST KINGSTON	RI	02892-
ontact Name OSEPH H SO		OF LIMITED LIA	BILITY COMPAN	Y AND NAME OR TITLE (	OF CONTACT	PERSON
reet Address 10 KINGSTO	OWN ROAD	-		City	State	Zip
			ACED OF THE SE	.WEST KINGSTON	RI	02892-
nager Name		LITTE IN STACE	S DELOKE OSTJO /	MATED LIABIETTY COMP ATTACHMENTS: ("X" BOX FO ES FILING OF AMENDMENT. R.	)D ATTACUMENT	
DEF	$\mathcal{A}_{\mathcal{Z}}$	$H. \leq$	770	• Manager Name		
reet Address	ZIV	astan	RJ	Street Address		
9 X	-	( ) ( )	Zip	*City	State	Zip
anager Name	2.1.00-2.	1.35/1	ी <i>ं</i> नंद्रीतं नं	Manager Name		
reet Address				•Street Address		
ty		State	Zip	City		
			**************************************	•	State	Zip
OSEPH H. SO			A Company of the Comp	Address 410 KINGSTOWN RO		
				City		Zip
			<del></del>	WEST KINGSTON		02892
						1
is report must	the signed	in ink by an aut	horized person pu	rsuant to 7-16-66. Under penalty of perju	ıry, I declare and	affirm that I have examined
is report must 04387 DLLC le Date		in ink by an aut	horized person pu	rsuant to 7-16-66. Under penalty of perju	iny accompanyini	affirm that I have examined a schedules and statements.
04387 DLLC		in ink by an aut  3 8 7  4 5 5 M  2 9 2005	horized person pu	rsuant to 7-16-66.  Under penalty of perjuthis report, including a	iny accompanyini	affirm that I have examined a schedules and statements.
04387 DLLC	11/0 <b>70</b> 1	2 9 2005 2 8 3 10 4	horized person pu	rsuant to 7-16-66.  Under penalty of perjuthis report, including a	iny accompanying contained herein	affirm that I have examined a schedules and statements, are true and correct.



# 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 \_\_\_

	401.222.
2004	

Filing Period: Septen (FORM MUST BE TYPED			• Filing Fee:		THE TEAK		
1. 112 No. 104387	2. Exact	ATE HIGHLANDS, LLC					
3 State of Formation		4. Brief descript	ion of the character of the	histness which is actually conducted in R	hode island		
RHODE ISLAND				ction & land developme		lawful purpose	
5. Principal office address				City	State	Zip	
410 Kingsto 6. MAILING ADDRE	wn Roa ss of Li	ed MITED LIAB	ILITY COMPANY A	•	RI RI	02892	
Joseph H. S	Scott			Contact Title			
Street Address	2000			Manager			
/40 ***	_			City	State	Zip	
410 Kingsto	own Ro	ad FACH MANA	CEP OF THE LIMIT	West Kingston [West Company, if AF	RI	02892	
AN		LITT IN 21	PACES BEFORE USI	NG ATTACHMENTS ("X" BOX UIRES FILING OF AMENDMENT,	FOR ATTACHMENT)	/ 7-16-52	
Manager Name				Manager Name	:		
Joseph H. Sá	<u>cott</u>						
Sinci Address As above				Street Address	Street Address		
City		State	Zip	Cliv	State	Zip	
Manager Name	••••••••	***************************************	••••••••	Manager Namo	Manager Name		
Street Address				Street Address		-	
City		State	Z <sub>1</sub> p	City	State	Zip	
8. RESIDENT AGENT Agent Name	' IN RHO	DE ISLAND	· DO NOT ALTER -	: Changes require filing of Form	 n 642 - R.I.G.L. 7-16-11	. I	
JOSEPH H. SCOTT, ES	Q.						
Address				City	Zip	<del></del> <u>-</u> -	
410 KINGSTOWN ROAL	D			WEST KINGSTON			
				<del></del>			

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

	/. Z		

File Date 123 04
Check No. 30 70
Ву:
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.

n /	
righ H Seatt	11-1-00
Signature of Authorized Person	Date

JOSEPH H. SCOTT



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

Matthew A. Brown, Secretary of State

Corporations Dicision 190 North Main Street Providence, RI 02903-1335 401-222,3040

#### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

OSEPH H. SCOTT, ES	<u></u>	<del></del>			<del></del>
.,,	<u> </u>				
. RESIDENT AGENT		· DO NOT ALTER · (	Changes require filing of Form 64	2 - R.I.G.L. 7-16-11	1
Лy	State	Zφ	$CH_{\mathcal{F}}$	State	Zφ
			Street Address		
Creet Address	<del></del>	<del></del>		<u> </u>	
Janager Name			Manager Name		J
la <sub>V</sub>	State	Zip	CHy	State	Zip
as above			Street Address		
Joseph H. Sco	<u> </u>	<del></del>	Cresul + 12 ····		
Manager Name Tokobh U - Cok			Manager Name		
AN	FILL IN SP	PACES BEFORE USIN	ED LIABILITY COMPANY, IF APPLI IG ATTACHMENTS - ("X" BOX FOR TRES FILING OF AMENDMENT, R.L	ATTACHMENT)	 2) / 7-16-52
410 Kingstown			West Kingston	RI RI	02892
Joseph H. Sco	ott		Gonaci Inte Attorney	<del>, -</del>	
6. MAILING ADDRE	SS OF LIMITED LIAB	ILITY COMPANY AN	D NAME OR TITLE OF CONTACT P	ERSON:	1 02072
5 Principal office addres 410 Kingstown			West Kingston	State RI	<i>Zφ</i> 02892
RHODE ISLAND		urse construct	tion and development and	any other la	wful enterprise
3 State of Formation	4 Brief descripti	ion of the character of the l	business which is actually conducted in Rhode	Island	
	SCITUATE HIGHLANDS, LLC				
104387		ed hability company			

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 *	
File Date 10/103	
Check No	
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.

Jupen W. Levet Section Date

Joseph II. Scott

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 BLACK) I. 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 and development & any other lawful enterprise. 5. Principal office address City State Zip 410 Kingstown Rd. West Kingston RΙ 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 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 Zip State State Zip Manager Name Manager Name Street Address Street Address City State Zip City State 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 Žip **410 KINGSTOWN ROAD WEST KINGSTON** 02892

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



	11-1.02		
File Date			
Check No	2179		
В <u>у:</u>	21		
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.

Synapre of Authorized Person Date

JUSEPH H STOTT

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

rate in

#### LIMITED LIABILITY COMPANY

טו	Number DLLC 104387	Annual Report for the year 2001
1.	The name of the limited liability compa	any is:
	SCITUATE HIGHLANDS, LLC	
2.	The address of the principal office of t	he limited liability company is:
	410 Kingstown Road, West Ki	ngston, RI 02892
3.	The state or other jurisdiction under the	e 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 KIN	GSTON RI 02892
5.	The current mailing address of the lim	ited liability company and the name or title of a person to whom communications
		town 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 man	nagers, the name and address of each manager of the limited liability company  Address
		······································
Date	ed (1-01-01	
Dati	eu <u> </u>	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 0 4 3 8 7	SCITUATE HIGHLANDS, LLC Exact Name of Limited Liability Company
j.	FOR SECRETARY OF STATE USE ONLY	By Augh H. Scatt
File I	$\alpha \gamma \omega = 0$	Memeber
Chec	k No.: 1862	Title
Ву:	de	Form No. 632 Revised 01/99

DETACH BOTTOM BEFORE RETURNING

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

		Amidal Report for the year 2000
1.	The name of the limited liability compa	any is:
	SCITUATE HIGHLANDS, LLC	
2.	The address of the principal office of t	the limited liability company is:
	410 Kingstown Road, West Kin	
3.	The state or other jurisdiction under the	e laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident	
	410 KINGSTOWN ROAD WEST KIN	GSTOWN RI 02892
5.	The current mailing address of the lim	ited liability company and the name or title of a person to whom communications
	may be directed are: 410 kingsto	wn 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.		nagers, the name and address of each manager of the limited liability company
	Name	Address
į	Joseph H. scott, Esquire	410 Kingstown Road, West Kinston, RI 02892
	4. 40. 43	
Dat	ted /1-30-00	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.
		SCIUATE HIGHLANDS, LLC
	1 0 4 3 6 7	Exact Name of Limited Liability Company
	FOR SECRETARY OF STATE USE ONLY	on Augh H. Seatt
ile .	Date: ///30	By ( ) A Charle
Chec	ck No.: 1468	Manager
y:	AL.	Form No. 632 Revised 01/99
	<u> </u>	