



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Div.
100 North Main St
Providence, RI 02903-1
401.222.3

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)

Form with fields for: 1. ID No (121489), 2. Exact name of the limited liability company (THE LAST WORD, LLC), 3. State of Formation (RHODE ISLAND), 4. Brief description of the character of the business (REAL ESTATE), 5. Principal office address (10 Wicasta Farm Road, Hope Valley, RI, 02832), 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: (Roy Dubs, Manager, 10 Wicasta Farm Road, Hope Valley, RI, 02832), 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE (Roy Dubs, Kim Dubs, 10 Wicasta Farm Road, Hope Valley, RI, 02832), 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 (Andrew G. Sholes, Esq., 1375 Warwick Avenue, Warwick, RI, 02888).

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



\*121489\*

File Date: 12/1/05
Check No.: 10331
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 of Authorized Person: Kim Dubs
Date: 11-28-05
Print or Type Name of Authorized Person: Kim Dubs



Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Div  
100 North Main St  
Providence, RI 02903-1  
401 222 3

# 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 <b>121489</b>		2 Exact name of the limited liability company <b>THE LAST WORD, LLC</b>	
3 State of Formation <b>RHODE ISLAND</b>		4 Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE</b>	
5 Principal office address <b>10 Wicasta Farm Road</b>		City <b>Hope Valley</b>	State <b>RI</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <b>Roy Dubs</b>		Contact Title <b>Manager</b>	Zip <b>02832</b>
Street Address <b>10 Wicasta Farm Road</b>		City <b>Hope Valley</b>	State <b>RI</b>
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		Zip <b>02832</b>	
Manager Name <b>Roy Dubs</b>		Manager Name <b>Kim Dubs</b>	
Street Address <b>10 Wicasta Farm Road</b>		Street Address <b>10 Wicasta Farm Road</b>	
City <b>Hope Valley</b>	State <b>RI</b>	City <b>Hope Valley</b>	State <b>RI</b>
Zip <b>02832</b>		Zip <b>02832</b>	
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 <b>ANDREW G. SHOLES, ESQ</b>		Address	
Address <b>1375 WARWICK AVENUE</b>		City <b>WARWICK</b>	Zip <b>02888</b>

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



\* 1 2 1 4 8 9 \*

File Date 11/29/04  
Check No 10079  
By: AD  
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] 11-04-04  
Signature of Authorized Person Date  
Roy Dubs  
Print or Type Name of Authorized Person



**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. 121489		2. Exact name of the limited liability company THE LAST WORD, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 10 Wicasta Farm Road		City Hope Valley	State RI	Zip 02832	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Roy Dubs			Contact Title Manager		
Street Address 10 Wicasta Farm Road		City Hope Valley	State RI	Zip 02832	
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 Roy Dubs			Manager Name Kim Dubs		
Street Address 10 Wicasta Farm Road		Street Address 10 Wicasta Farm Road			
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
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 ANDREW G. SHOLES, ESQ.			Address		
Address 1375 WARWICK AVENUE		City WARWICK	Zip 02888		

RECEIVED

FEB 09 2004

BY \_\_\_\_\_

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



\* 1 2 1 4 8 9 \*

File Date	RECEIVED
Check No.	FEB 09 2004
By:	BY <u>[Signature]</u>
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] 1-13-04  
Signature of Authorized Person Date

Roy Dubs  
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. <b>121489</b>		2. Exact name of the limited liability company <b>THE LAST WORD, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>real estate</b>	
5. Principal office address <b>10 Wicasta Farm Road</b>		City <b>Hope Valley</b>	State <b>RI</b>
		Zip <b>02832</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Roy O. Dubs</b>		Contact Title <b>Manager</b>	
Street Address <b>10 Wicasta Farm Road</b>		City <b>Hope Valley</b>	State <b>RI</b>
		Zip <b>02832</b>	
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 <b>Roy O. Dubs</b>		• Manager Name <b>Kim S. Dubs</b>	
Street Address <b>10 Wicasta Farm Road</b>		• Street Address <b>10 Wicasta Farm Road</b>	
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>	• City <b>Hope Valley</b>
			State <b>RI</b>
			Zip <b>02832</b>
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 <b>ANDREW G. SHOLES, ESQ.</b>		Address	
Address <b>1375 WARWICK AVENUE</b>		City <b>WARWICK</b>	Zip <b>02888</b>

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



\* 1 2 1 4 8 9 \*

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	<b>9.27.02</b>
Check No.	<b>1541</b>
By:	<b>[Signature]</b>
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person **[Signature]** Date **9-20-02**  
**Roy O. Dubs**  
 Print or Type Name of Authorized Person