



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. 115794		2. Exact name of the limited liability company EDGEWOOD FARM ENTERPRISES, 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 HOLDINGS			
5. Principal office address 57 Edgewood Farm Rd.		City Wakefield	State RI	Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Scot V. Hallberg			Contact Title Member		
Street Address 57 Edgewood Farm Rd.		City Wakefield	State RI	Zip 02879	
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	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 SCOT V. HALLBERG			Address		
Address 57 EDGEWOOD FARM ROAD			City WAKEFIELD	Zip 02879	

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



File Date 9/1/05 *115794*

Check No. 3554

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] 8/29/05
 Signature of Authorized Person Date

Print or Type Name of Authorized Person



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. 115794		2. Exact name of the limited liability company EDGEWOOD FARM ENTERPRISES, 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 HOLDINGS		
5. Principal office address 57 Edgewood Farm Rd.		City Wakefield	State RI	Zip 02879
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name Scot V. Hallberg		Contact Title Manager / member		
Street Address 57 Edgewood Farm Rd.		City Wakefield	State RI	Zip 02879
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	Zip	City	State
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 SCOT V. HALLBERG		Address		
Address 57 EDGEWOOD FARM ROAD		City WAKEFIELD	Zip 02879-	

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



* 1 1 5 7 9 4 *

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 9/8/04
Check No. 3051
By: PA
FOR SECRETARY OF STATE USE ONLY

[Signature] 9/7/04
Signature of Authorized Person Date
Scot V. Hallberg
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 115794		2. Exact name of the limited liability company EDGEWOOD FARM ENTERPRISES, 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 HOLDINGS			
5. Principal office address 471 Main St.		City Wakefield	State RI	Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Scot V. Hallberg			Contact Title Member		
Street Address 471 Main St.		City Wakefield	State RI	Zip 02879	
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	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 SCOT V. HALLBERG			Address		
Address 57 EDGEWOOD FARM ROAD		City WAKEFIELD	Zip 02879-		

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



* 1 1 5 7 9 4 *

FILED

File Date **NOV 04 2003**
Check No. **By M10961**
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.

Scot V. Hallberg **9/30/03**
Signature of Authorized Person Date

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. 115794		2. Exact name of the limited liability company EDGEWOOD FARM ENTERPRISES, 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 HOLDINGS			
5. Principal office address 57 Edgewood Farm Rd.		City Wakefield	State RI	Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Scot V. Hallberg		Contact Title			
Street Address 57 Edgewood Farm Rd.		City Wakefield	State RI	Zip 02879	
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 Same		Manager Name			
Street Address		Street Address			
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 SCOT V. HALLBERG		Address			
Address 57 EDGEWOOD FARM ROAD		City WAKEFIELD	Zip 02879-		

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



* 1 1 5 7 9 4 *

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.

Scot V. Hallberg 9/11/02
Signature of Authorized Person Date

Scot V. Hallberg
Print or Type Name of Authorized Person

File Date	<u>9-12-02</u>
Check No.	<u>2936</u>
By:	<u>[Signature]</u>
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 DLLC 115794

Annual Report for the year 2001

1. The name of the limited liability company is:

EDGEWOOD FARM ENTERPRISES, LLC

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

57 Edgewood Farm Rd. Wakefield, RI 02879

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: SCOT V. HALLBERG

57 EDGEWOOD FARM ROAD WAKEFIELD RI 02879-

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:

Scot V. Hallberg 57 Edgewood Farm Rd.
Wakefield, RI 02879

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

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

Name	Address

Dated 8/29/01



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.

Edgewood Farm Enterprises, LLC
Exact Name of Limited Liability Company

By [Signature]
owner / manager
Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-6-01

Check No.: 1374

By: [Signature]

Form No. 632
Revised 01/99