

Matthew A. Brown, Secretary of State Corporations Division 148 W. River Street, Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00

7. ID No. 106698	2. Exact name of the li	mited liabilty company			
3. State of Formation	4. Brief descrip	otion of the character of	the business which is actually conducte	d in Rhode Island	
RHODE ISLAND	LIABILITY	OF MEMBERS AN	D MANAGERS: A MEMBER OR IONS OF THE COMPANY		OMPANY SHALL NOT BE
5. Principal office add			City	State	Zip
157 LAKE DRI	VE		GLOCESTER	RI	02814
6. MAILING ADD Contact Name ANDREW NOYES		LIABILITY COM	PANY AND NAME OR TITLE Contact Title	OF CONTACT PER	SON:
Street Address	<u> </u>		City	State	Zip
157 LAKE DRIV	E		GLOCESTER	RI	02814-
Manager Nome Nome Street Address	DREW N LAKE D	MES eive	· Manager Name : KE	Alackari	ER
City Ci	State		· / 19	BIACKSTON State	STRPET
Gloceste.	$\mathbb{R}^{(1)}$	Zip 02 81		MA	01756
Manager Name			*Manager Name		
Sircei Address			·Street Address		
City	State	Zıp	Ciry	State	Zip
8. RESIDENT AGE	NT IN RHODE ISLAN	D -DO NOT ALTER- (Changes require filing of F	orm 642 - R.I.GL. 7-1	 6-11
Agent Name			Address		
ORLANDO A. AN	IDREONI, INC.		197 TAUNTON AV	ENUE, SUITE 20	3
Address			City	Zij	0
ORLANDO A. AN	DREONI, ESQ.		EAST PROVIDENC	E 0	2914

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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106698 DL	LC 93/80/06 03:32:10 PM
File Date	3/10/06
Check No.	1189
B _{Y:}	B
FOR SECRETA	RY 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.
(Lulu pesto 4-1206
Signature of Authorized Person Date
Andrew Noyes
Print or Type Name of Authorized Person

Form 632 Rev. 12/05



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

iice, ki 02905-1335 -401,222,3040

1. ID No.	2. Exact name of the limited I	liability company			··· ······
106698	1	aminy Compuny			
3. State of Formation	NOAN LLC 4. Brief description	of the character of the husin	ess which is actually conducted in Rhode	Island	
RHODE ISLAND		MEMBERS AND MANA THE OBLIGATIONS O	GERS: A MEMBER OR MANAGE	R OF THE COMP	ANY SHALL NOT BE
5 Principal office address		THE OBLIGATIONS OF	City	State	Zip
157 [Lake Drive		Glocester	RI	02814
6. MAILING ADDRES	SS OF LIMITED LIABILE	TY COMPANY AND N	AME OR TITLE OF CONTACT I	PERSON:	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Contact Name			Contact Title		· ·
Andre	ew Noyes				
Sinvi Address	Lake Drive		Glocester	State RI	Zφ 02814
ANY	FILI, IN SPAC	ES BEFORE USING A	LIABILITY COMPANY, IF APPLI LITACHMENTS — ("X" BOX FOR S FILING OF AMENDMENT, R.1	ATTACHMENT)	(2) / 7-16-52
Manager Name	•	•	Manager Name		
Andre	w Noyes				
Street Address 157 L	ake Drive		Street Address		
Glocester	State RI	^{Ζ(p} 02814	Cliv	State	Zíp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	ZФ
8. RESIDENT AGENT Agent Name	IN RHODE ISLAND - D	O NOT ALTER - Chai	nges require filing of Form 64	i2 - R.I.G.L. 7-16	-11
ORLANDO A ANDREO	ONL INC.		ORLANDO A ANDREONLES	io	
Address			Gity		Zip
197 TAUNTON AVENU	E. SUITE 203		EAST PROVIDENCE		02914

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

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File Date	10/7/0	74		_
Check No	1829			
Вус	-W			_
E∪B 3	ECPETARY OF	STATE HEE	ONTIV	

	Under penalty of perjury, I declare and affirm that I have examinelying any accompanying schedules and statements, and the	
•	contained herein are true and correct.	
_	Luden Warre 9	7-13-04
3	Signature Anthorized Person Date	
_	ANDREW NOYES	
. ,	Print or Type Name of Authorized Person	



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

(FORM AGUET DE TO	tember 1 - November		****		
1. ID No.	PED OR PRINTED IN BI	ACK)			
106698	NOAN, LLC	imited liabilty company			
3. State of Formation	4. Brief descri	iption of the character of the	business which is actually conducted		
RHODE ISLAND	LIABALE	TO PREMIERS AND I	MANAGERS: A MEMBER OR : NS OF THE COMPANY	d in Rhode Island MANAGER OF THE C	OMPANY SHALL NOT B
5. Principal office add	ress		City		
157 LAKE DRIV			GLOCESTER	State RI	<i>Zip</i> 02814
Contact Name	RESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT DED	002
ANDREW NOYES	5	·	Contact Title	OF CONTACT PER	SUN:
Street Address			City		
157 LAKE DRIV	E		GLOCESTER	State	Ziρ
7. NAME AND AD	DRESS OF FACH N	(AMACER ORGAN	IMITED LIABILITY COM	RI	02814
danager Name Andrew Noyes			RES FILING OF AMENDMENT. F *Manager Name	(3)(2)7	-10-52
ireet Address			· Street Address		
157 Lake Drive	e		Sireel Address		
City	State	Zip	•		
Glocester	RI	02814	City	State	Zip
fanager Name	, , , , , , , , , , , , , , , , , , , 		*Manager Name		
			•		
ireei Address			a Cimer Addays		
			Street Address		
	State	Zip			
ity	1	1 '	City	State	Zip
ity	1	1 '	City	P .	1 ·
ity . RESIDENT AGEN ens Name	T IN RHODE ISLANI	1 '	City	P .	I *
RESIDENT AGEN	T IN RHODE ISLANI	1 '	nges require filing of Fo	orm 642 - R.I.G.L. 7-16	1 ·
ity . RESIDENT AGEN teni. Name DRLANDO A. ANI	T IN RHODE ISLANI	1 '	nges require filling of Fo	orm 642 - R.I.G.L. 7-16	I *
RESIDENT AGEN RESIDENT AGEN PARE PARE	T IN RHODE ISLANI DREONI, INC.	1 '	nges require filing of Fo	orm 642 - R.I.G.L. 7-16	1 ·
RESIDENT AGEN REMARKANTO A. AND ORLANDO A. AND ORLANDO A. AND	T IN RHODE ISLANI DREONI, INC.	1 '	nges require filling of Fo	NUE, SUITE 203	1 ·

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



10/2/22	
File Date [0/2]03	
Check No. 618	
Ву:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declar this report, including any accommand that all statements contained	Danving Scheduli	es and statements
(Culu)	noyes	1-91803
ignature of Authorized Person	Dat	<u> </u>
Andrew Noves		

Print or Type Name of Authorized Person



Edward S. Inman, 111, 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

GEORM MOST RE	TYPED OR PRINTED IN BL	4 <i>CK</i>)					
7. ID No. 106698		act name of the limited liabilty company N, LLC					
3. State of Formation RHODE ISLAN	D LIABILITY		usiness which is actually conducted in Rhode Island GERS: A MEMBER OR MANAGER OF THE COMPANY SHALL NOT BE				
5. Principal office 157 Lak	address se Drive		Ciny Glocester	State RI	^{Zip} 02814		
6. MAILING A Contact Name Andrew		LIABILITY COMPAN	Y AND NAME OR TITLE O Contact Title Manager	OF CONTACT PERS	ion:		
Street Address 157 Lak	e Drive		City Glocester	State RI	Zip 02814		
Manager Name	FILL IN SI	ACES BEFORE USING A	TED LIABILITY COMPAN TTACHMENTS ("X" BOX F ES FILING OF AMENDMENT, R.I *Manager Name	OR ATTACHMENT	•		
Andrew	Noyes		•				
Sireei Address			* Street Address				
157 La	ke Drive		•				
City Glocest	State	^{Zip} 02814	*City	State	Zip		
City	State		*City* *Manager Name *Street Address	State	Zip		
Glocest Manager Name	State		Manager Name	State	Zip		
Glocest Manager Name Street Address City 8. RESIDENT A	er RI	02814 Zip	Manager Name Street Address	State	Zip		
Glocest Manager Name Street Address City 8. RESIDENT A	er RI	02814 Zip	Manager Name Street Address City	State	Zip		
Glocest Manager Name Street Address City	er RI State State GENT IN RHODE ISLAN	02814 Zip	Manager Name Street Address City	State m 642 - R.I.G.L. 7-16	Zip		
Glocest Manager Name Street Address City 8. RESIDENT Adgent Name	er RI State RI State GENT IN RHODE ISLAN DREONI, INC.	02814 Zip	Manager Name Street Address City Address	State m 642 - R.I.G.L. 7-16	Zip		

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



File Date	10.2.02	
Check No.	1417	
B _Y :	2	
FOR SECRETA	ARY OF STATE USE ONLY	

Orace penalty or perjury, I deciate and arrith that I have examined
this report, including any accompanying schedules and statements,
and that all stalements contained herein are true and correct.
(/ / /)
(ELVER) 1 DURA G-230A
_ luca program 9 as von
Signature of Authorized Person Date
A 1

e Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between September 1 and November 1

- P 5



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

01) 222-3040	•	
MITED LIADILITY COMPANY		

ID	Number DLLC 106698	Annual Report for the year 2001			
1.	The name of the limited liability compare	ny is:			
	NOAN, LLC				
2.	The address of the principal office of the limited liability company is: 157 Lake Drive, Glocester, RI 02814				
3.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND				
4.	4. The name and address of its resident agent is: ORLANDO A. ANDREONI, INC.				
	ORLANDO A. ANDREONI, ESQ. 197	TAUNTON AVENUE, SUITE 203 EAST PROVIDENCE RI 02914			
5. The current mailing address of the limited liability company and the name or title of a person to whom c					
	may be directed are:Andrew	Noyes, 157 Lake Drive, Glocester, RI 02814			
6.7.	A brief statement of the character of the business in which the limited liability company is actually engaged in Liability of Members and Managers: A Member or Manager of the state: Company shall not be liable for the obligations of the Company If the limited liability company has managers, the name and address of each manager of the limited liability company Name Andrew Noves 157 Lake Drive, Glocester, RI 02814				
File	FOR SECRETARY OF STATE USE ONLY Date: 10-25-01	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. NOan, Inc. Exact Name of Limited Liability Company Andrew Noyes Manager Title			
By:	1291	Form No. 632 Revised 01/99			
⊥y.					

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 <u>DLLC 106698</u>	Annual Report for the year 2000		
1.	1. The name of the limited liability company is:			
	NOAN, LLC			
2. m	The address of the principal office of the limited liability company is: 157 Lake Drive Glocester BL 02814 INXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
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: ORLANDO A. ANDREONI, INC.				
5.	The current mailing address of the limit	ed liability company and the name or title of a person to whom communications		
		oyes, 157 Lake Drive, Glocester, RI 02814		
6. 7.	Liability of Member state: Company shall not be	he business in which the limited liability company is actually engaged in this s and Managers: A Member or Manager of the e liable for the obligations of the Company agers, the name and address of each manager of the limited liability company Address 157 Lake Drive, Glocester, RI 02814		
Da	1 0 6 6 9 8	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. Noan, LLC Exact Name of Limited Liability Company		
	FOR SECRETARY OF STATE USE ONLY Date: ///O	By Culu hoyld		
Che	ck No.: 1053	Andrew Noyes Manager		
By:		Title Form No. 632 Revised 01/99		