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

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 2005

Filing Period: September 1 - November 1 ● *Filing Fee: $50.00*

1. ID No.	2. Exact name of the limited liabilty company		
106698	NOAN, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RHODE ISLAND	LIABILITY OF MEMBERS AND MANAGERS: A MEMBER OR MANAGER OF THE COMPANY SHALL NOT BE LIABALE FOR THE OBLIGATIONS OF THE COMPANY		
5. Principal office address	City	State	Zip
157 LAKE DRIVE	GLOCESTER	RI	02814

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

Contact Name	Contact Title		
ANDREW NOYES			
Street Address	City	State	Zip
157 LAKE DRIVE	GLOCESTER	RI	02814-

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
Andrew Noyes	Keith Usher
Street Address	Street Address
157 Lake Drive	179 Blackstone Street
City: Glocester; State: RI; Zip: 02814	City: Mendon; State: MA; Zip: 01756
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
ORLANDO A. ANDREONI, INC.	197 TAUNTON AVENUE, SUITE 203
Address	City / Zip
ORLANDO A. ANDREONI, ESQ.	EAST PROVIDENCE 02914

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

[redacted] 106698 [redacted]

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.

Andrew Noyes 4-13-06
Signature of Authorized Person *Date*

[redacted] Andrew Noyes
Print or Type Name of Authorized Person

106698 DLLC 03/30/06 03:32:10 PM

File Date 3/10/06

Check No. 1189

By: [redacted]

FOR SECRETARY OF STATE USE ONLY

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
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
106698	NOAN, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	LIABILITY OF MEMBERS AND MANAGERS: A MEMBER OR MANAGER OF THE COMPANY SHALL NOT BE ~~LIABALE FOR THE OBLIGATIONS OF THE COMPANY~~

5. Principal office address	City	State	Zip
157 Lake Drive	Glocester	RI	02814

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

Contact Name	Contact Title
Andrew Noyes	

Street Address	City	State	Zip
157 Lake Drive	Glocester	RI	02814

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
Andrew Noyes	157 Lake Drive	Glocester	RI	02814

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
ORLANDO A. ANDREONI, INC.	ORLANDO A. ANDREONI, ESQ.	EAST PROVIDENCE	02914

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

* 1 0 6 6 9 8 *

File Date 10/7/04
Check No. 1829
By: VS.
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 *Date* 9-13-04

ANDREW NOYES
Print or Type Name of Authorized Person

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 liabilty company
106698	NOAN, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	LIABILITY OF MEMBERS AND MANAGERS: A MEMBER OR MANAGER OF THE COMPANY SHALL NOT BE LIABALE FOR THE OBLIGATIONS OF THE COMPANY

5. Principal office address	City	State	Zip
157 LAKE DRIVE	GLOCESTER	RI	02814

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

Contact Name	Contact Title
ANDREW NOYES	

Street Address	City	State	Zip
157 LAKE DRIVE	GLOCESTER	RI	02814

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
Andrew Noyes	157 Lake Drive	Glocester	RI	02814

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
ORLANDO A. ANDREONI, INC.	197 TAUNTON AVENUE, SUITE 203
Address	**City** / **Zip**
ORLANDO A. ANDREONI, ESQ.	EAST PROVIDENCE 02914

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

106698

[redacted]

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.

[redacted] 9-18-03
Signature of Authorized Person *Date*

Andrew Noyes
Print or Type Name of Authorized Person

File Date 10/2/03
Check No. 1618
By:
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

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 liabilty company
106698	NOAN, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	LIABILITY OF MEMBERS AND MANAGERS: A MEMBER OR MANAGER OF THE COMPANY SHALL NOT BE LIABALE FOR THE OBLIGATIONS OF THE COMPANY

5. Principal office address	City	State	Zip
157 Lake Drive	Glocester	RI	02814

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

Contact Name	Contact Title
Andrew Noyes	Manager

Street Address	City	State	Zip
157 Lake Drive	Glocester	RI	02814

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
Andrew Noyes	157 Lake Drive	Glocester	RI	02814
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
ORLANDO A. ANDREONI, INC.	ORLANDO A. ANDREONI, ESQ.	EAST PROVIDENCE	02914
Address			
197 TAUNTON AVENUE, SUITE 203			

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

[redacted]

* 1 0 6 6 9 8 *

[redacted]

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 — Date: 9-23-02

ANDREW Noyes President
Print or Type Name of Authorized Person

[redacted]

File Date	10-2-02
Check No.	1417
By:	a

FOR SECRETARY OF STATE USE ONLY

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 106698 **Annual Report for the year** 2001

1. The name of the limited liability company 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. 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 communications may be directed are: Andrew Noyes, 157 Lake Drive, Glocester, RI 02814

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Liability of Members and Managers: A Member or Manager of the Company shall not be liable for the obligations of the Company

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

Name	*Address*
Andrew Noyes	157 Lake Drive, Glocester, RI 02814

Dated _____

106698

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

By Andrew Noyes
Andrew Noyes
Manager
Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY
File Date: 10-25-01
Check No.: 1241
By:

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 106698 **Annual Report for the year** 2000

1. The name of the limited liability company 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. 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 communications may be directed are: Andrew Noyes, 157 Lake Drive, Glocester, RI 02814

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Liability of Members and Managers: A Member or Manager of the Company shall not be liable for the obligations of the Company

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

Name	*Address*
Andrew Noyes	157 Lake Drive, Glocester, RI 02814

Dated _____

106698

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

By Andrew Noyes
Andrew Noyes
Manager
Title

FOR SECRETARY OF STATE USE ONLY
File Date: 1/1/10
Check No.: 1053
By:

Form No. 632
Revised 01/99