





**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>100399</b>		2. Exact name of the limited liability company <b>Videtta Golf Management, 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>THE OPERATION OF A PUBLIC GOLF COURSE</b>			
5. Principal office address <b>55 Green Lane</b>			City <b>Canton</b>	State <b>Ma</b>	Zip <b>02021</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>JOSEPH Videtta</b>			Contact Title		
Street Address <b>55 Green Avenue</b>			City <b>Canton</b>	State <b>Ma.</b>	Zip <b>02021</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>Its Members</b>			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 <b>MICHAEL P. LYNCH, ESQ.</b>			Address		
Address <b>117 HIGH STREET</b>			City <b>WESTERLY</b>	Zip <b>02891</b>	

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



File Date 12/20/04  
Check No 5190  
By: JS  
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.

Joseph Videtta 12/17/04  
Signature of Authorized Person Date  
JOSEPH VIDETTA  
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 <b>100399</b>		2 Exact name of the limited liability company <b>Videtta Golf Management, 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>THE OPERATION OF A PUBLIC GOLF COURSE</b>			
5 Principal office address <b>49 Club Lane</b>			City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Joseph Videtta</b>			Contact Title <b>Member</b>		
Street Address <b>55 Green Lane</b>			City <b>Canton</b>	State <b>MA</b>	Zip <b>02021</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>Its Members</b>			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 <b>MICHAEL P. LYNCH, ESQ.</b>			Address		
Address <b>117 HIGH STREET</b>			City <b>WESTERLY</b>	Zip <b>02891</b>	

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



\* 1 0 0 3 9 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 10/6/03  
 Check No 3585  
 By: [Signature]  
 FOR SECRETARY OF STATE USE ONLY

Joseph Videtta 9/14/03  
 Signature of Authorized Person Date  
JOSEPH VIDETTA  
 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. 100399		2. Exact name of the limited liability company Videtta Golf Management, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island THE OPERATION OF A PUBLIC GOLF COURSE	
5. Principal office address 49 Club Lane		City Harrisville	State RI
		Zip 02830	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joseph Videtta		Contact Title	
Street Address 55 Green Lane		City Canton	State MA
		Zip 02021	
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	City	State
Zip		Zip	
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 MICHAEL P. LYNCH, ESQ.		Address	
Address 117 HIGH STREET		City WESTERLY	Zip 02891

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



\* 1 0 0 3 9 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 11.26.02  
Check No. 2484  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

[Signature] 11/17/02  
Signature of Authorized Person Date  
Joseph Videtta  
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

**LIMITED LIABILITY COMPANY**

ID Number DLLC 100399

Annual Report for the year 2001

1. The name of the limited liability company is:

Videtta Golf Management, LLC

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

49 Club Lane, Harrisville, RI 02830

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: MICHAEL P. LYNCH, ESQ.

117 HIGH STREET WESTERLY RI 02891

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: Joseph A. Videtta, 49 club Lane, Harrisville, RI 02830

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: The company is organized to engage in and to do any lawful act concerning any and all lawful business, including, but not limited to, the operation of a public golf course for which a limited liability company may be organized.

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

Name

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

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.



Videtta Golf Management, LLC

Exact Name of Limited Liability Company

By Michael E Videtta

MEMBER LLC  
Title

Form No. 632  
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>12-28-01</u>
Check No.:	<u>1016</u>
By:	<u>[Signature]</u>

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

LIMITED LIABILITY COMPANY

ID Number 100399

Annual Report for the year 2000

- The name of the limited liability company is:  
Videtta Golf Management, LLC
- The address of the principal office of the limited liability company is:  
49 Club Lane, Harrisville, RI 02830
- The state or other jurisdiction under the laws of which it is formed is: Rhode Island
- The name and address of its resident agent is: Michael P. Lynch, Esquire, 117 High Street,  
P.O. Box 761, Westerly, Rhode Island 02891
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Joseph A. Videtta, 49 Club Lane, Harrisville,  
Rhode Island 02830
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: The Company is organized to engage in and to do any lawful act concerning any and all lawful business, including, but not limited to, the operation of a public golf course, for which a limited liability company may be organized.
- If the limited liability company has managers, list the name and address of each manager:

Name

Address

Name	Address

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.

Date: 9/5/00

Videtta Golf Management, LLC

Exact Name of Limited Liability Company

10/2  
#4463  
2

By Michael E. Videtta

MEMBER LLC

Title

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

LIMITED LIABILITY COMPANY

ID Number 100399

Annual Report for the year 1999

- The name of the limited liability company is:  
Videtta Golf Management, LLC
- The address of the principal office of the limited liability company is:  
49 Club Lane, Harrisville, RI 02830
- The state or other jurisdiction under the laws of which it is formed is: Rhode Island
- The name and address of its resident agent is: Michael P. Lynch, Esquire, 117 High Street,  
P.O. Box 761, Westerly, Rhode Island 02891
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Joseph A. Videtta, 49 Club Lane, Harrisville,  
Rhode Island 02830

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: The Company is organized to engage in and to do any lawful act concerning any and all lawful business, including, but not limited to, the operation of a public golf course, for which a limited liability company may be organized.

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

Name	Address
_____	_____
_____	_____
_____	_____

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.

Date: 9/14/00

Videtta Golf Management, LLC  
Exact Name of Limited Liability Company

9-7-00  
4564  
AMF

By Joseph A. Videtta  
Member  
Title