State of Rhode Island and Providence Plantations Office of the Secretary of State Fee: \$30.00   Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Fee: \$30.00   Limited Liability Company Annual Report Plang Pendo: September 1 - November 1 Image Pendo: September 1 - November 1   In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to 7-16-66(bk0) is subject to a panelty fee of \$25.00 Image Pendo: September 1   In accordance with R.I.G.L. 7-16-66(d). each limited liability company failing or refusing to 7-16-66(bk0) is subject to a panelty fee of \$25.00 Image Pendo: September 1   In ID No. 000150325 Image Pendo: September 1 Image Pendo: September 1   1. ID No. 000150325 Image Pendo: September 1 Image Pendo: September 1   3. State of Formation State: RI Image Pendo: September 1 Image Pendo: September 1   3. State of Formation State: RI Image Pendo: September 1 Image Pendo: September 1   4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REAL ESTATE INVESTMENT, DEVELOPMENT AND MANAGEMENT Image Pendo: September 1   5. Principal Office Address (My of Town: NEWPORT State: RI Zp: 02840 Country: USA Image Pendo: September 1   6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Tite: No and Street: II EAST STREET: City							
148 W. River Street Providence RI 02904-2615 (401) 222-3040   Limited Liability Company Annual Report   Filing Period: September 1 - November 1   In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the ome prescribed by law (R.I.G.L. 7-16-66(kbc)) is subject to a penalty fee of \$25.00   ANNUAL REPORT YEAR: 2011   1. ID No. 000150325   2. Exact Name of the Limited Liability Company IPELLS, LLC   3. State of Formation   State: RI   A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island   REAL ESTATE INVESTMENT, DEVELOPMENT AND MANAGEMENT   5. Principal Office Address   No, and Street: <u>11 EAST STREET</u> City or Town: NEWPORT State: RI Zp: 02840 Country: USA   6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   No. and Street: <u>11 EAST STREET</u> City or Town: NEWPORT State: RI Zp: 02840 Country: USA   6. Mailing Address of Each Manager of the Limited Liability Company, if Applicable.   DO NOT LIST MEMBERS   Title Individual Name <td>RALPH MOILE</td> <td></td> <td></td> <td></td> <td>ions Fee: \$50.00</td>	RALPH MOILE				ions Fee: \$50.00		
Providence RI 02904-2615 (401) 222-3040   Limited Liability Company Annual Report   Filing Petriod: September 1 - November 1   In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to life its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.   ANNUAL REPORT YEAR: 2011   1. ID No. 000150325   2. Exact Name of the Limited Liability Company JPELLS, LLC   3. State of Formation   State: RI   4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island   REAL ESTATE INVESTMENT, DEVELOPMENT AND MANAGEMENT   5. Principal Office Address   No. and Street: 11 EAST STREET City or Town:   NeuPORT State: RI   A. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Name: Country: USA   6. Mailing Address of Limited Liability Company of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS   Title Individual Name First, Middle, Last, Suffix   Address Address   8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11   J. USSELL JACKSON. ESO, 26 VALLEY ROAD, SUITE 203 MIDDLETOWN, RI 02842-	Division Of Business Services						
(401) 222-3040   Limited Liability Company Annual Report   Filing Period: September 1 - November 1   In accordance with R.I.G.L. 7-16-66(b.G.) each limited liability company failing or refusing to life its annual report with mitry (30) days after the time presented by law (R.I.G.L. 7-16-66(b.G.)) is subject to a penalty fee of \$25.0.0.   ANNUAL REPORT YEAR: 2011   1. ID No. 000150325   2. Exact Name of the Limited Liability Company JPELLS, LLC   3. State of Formation   State: RI   State: RI   4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island   REAL ESTATE INVESTMENT, DEVELOPMENT AND MANAGEMENT   5. Principal Office Address   No. and Street: <u>11 EAST STREET</u> City or Town: NEWPORT State: RI Zp: 02840 Country: USA   6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Title:   No. and Street: <u>11 EAST STREET</u> City or Town: NEWPORT State: RI Zp: 02840 Country: USA   6. Mailing Address of Each Manager of the Limited Liability Company,							
Limited Liability Company Annual Report   Filing Period: September 1 - November 1   In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-86(b&c)) is subject to a penalty fee of \$25.00.   ANNUAL REPORT YEAR: 2011   1. ID No. 000150325   2. Exact Name of the Limited Liability Company JPELLS, LLC   3. State of Formation   State: RI   4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island   REAL ESTATE INVESTMENT, DEVELOPMENT AND MANAGEMENT   5. Principal Office Address   No. and Street: 11 EAST STREET City or Town:   NeWPORT State: RI Zip: 02840 Country: USA   6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: I EAST STREET City or Town: NEWPORT State: RI Zip: 02840 Country: USA   7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. Do NOT LIST MEMBERS Address   Title Individual Name Address, City or Town, State, Zip Code, Country State: RI, Middle, Last, Suffix Address, City or Cown, State, Zip Code, Country   8. RESIDENT AGENT IN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Prov	vidence RI 0290	)4-2615			
Annual Report   Filing Period: September 1 - November 1   In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to life its annual report with hitty (20) days film the prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.   ANNUAL REPORT YEAR: 2011   1. ID No. 000150325   2. Exact Name of the Limited Liability Company JPELLS, LLC   3. State of Formation   State: RI   4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island   REAL ESTATE INVESTMENT, DEVELOPMENT AND MANAGEMENT   5. Principal Office Address   No. and Street: 11 EAST STREET City or Town:   Contact Name: Country: USA   6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Name: I1 EAST STREET City or Town:   Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS   Title Individual Name First, Middle, Last, Suffix   Address, City or Town, Site, Zip Code, Country   8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 J. USSELL JACKSON, ESO, 26 VALLEY ROAD, SUITE 203 MIDDLETOWN , RI 02842-	cretary of Ste	(401) 222-3040					
Filing Period: September 1 - November 1   In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to   file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.   ANNUAL REPORT YEAR: 2011   1. ID No. 000150325   2. Exact Name of the Limited Liability Company JPELLS, LLC   3. State of Formation   State: RI   4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island   REAL ESTATE INVESTMENT, DEVELOPMENT AND MANAGEMENT   5. Principal Office Address   No. and Street: 11 EAST STREET   City or Town: NEWPORT   State: RI Zip: 02840 Country: USA   6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title:   No. and Street: 11 EAST STREET City or Town:   City or Town: NEWPORT State: RI Zip: 02840 Country: USA   7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. Do NOT LIST MEMBERS Address   Title Individual Name Address Address. Address. City or Town, State. Zip Code. Country   8. RESI	Limited Liability Co	ompany					
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file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L.   7-16-06(b&c) is subject to a penalty fee of \$25.00.   ANNUAL REPORT YEAR: 2011   1. ID No. 000150325   2. Exact Name of the Limited Liability Company JPELLS, LLC   3. State of Formation   State: RI   4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island   REAL ESTATE INVESTMENT, DEVELOPMENT AND MANAGEMENT   5. Principal Office Address   No. and Street: 11 EAST STREET   City or Town: NEWPORT   State: RI Zip: 02840 Country: USA   6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title:   No. and Street: 11 EAST STREET City or Town:   City or Town: NEWPORT State: RI Zip: 02840 Country: USA   6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Columbry: USA City or Town: NEWPORT   State: 11 EAST STREET City or Town: NEWPORT State: RI Zip: 02840 Country: USA   7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Address, Ci	Filing Period: Septembe	er 1 - November 1					
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1. ID No. 000150325   2. Exact Name of the Limited Liability Company JPELLS, LLC   3. State of Formation State: RI   4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island   REAL ESTATE INVESTMENT, DEVELOPMENT AND MANAGEMENT   5. Principal Office Address   No. and Street: 11 EAST STREET City or Town:   NewPORT State: RI   Zip: 02840 Country: USA   6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Name: Contact Title: I EAST STREET City or Town:   No. and Street: 11 EAST STREET City or Town:   Contact Name: Contact Title: No. and Street:   No. and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS   Title Individual Name First, Middle, Last, Suffix   8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.J.G.L. 7-16-11   J. RUSSELL JACKSON, ESQ. 26 VALLEY ROAD, SUITE 203 MIDDLETOWN, RI 02842:	7-16-66(b&c)) is subject	to a penalty fee of \$25.0	00.				
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Contact Name: Contact Title:   No. and Street: 11 EAST STREET   City or Town: NEWPORT State: RI Zip: 02840 Country: USA   7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Do NOT LIST MEMBERS   Title Individual Name   First, Middle, Last, Suffix Address   Address, City or Town, State, Zip Code, Country State: RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER   Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 J. RUSSELL JACKSON, ESQ. 26 VALLEY ROAD, SUITE 203 MIDDLETOWN, RI 02842-	·						
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City or Town: NEWPORT State: RI Zip: 02840 Country: USA   7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS   Title Individual Name Address   First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country   8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 J. RUSSELL JACKSON, ESQ. 26 VALLEY ROAD, SUITE 203 MIDDLETOWN, RI 02842-	Contact Name: Conta	ct Title:					
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS   Title Individual Name First, Middle, Last, Suffix   8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11   J. RUSSELL JACKSON, ESQ. 26 VALLEY ROAD, SUITE 203 MIDDLETOWN , RI 02842-	No. and Street:	11 EAST STREET					
DO NOT LIST MEMBERS Individual Name Address   Title Individual Name Address   First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country   8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11   J. RUSSELL JACKSON, ESQ. 26 VALLEY ROAD, SUITE 203 MIDDLETOWN , RI 02842-	City or Town:	<u>NEWPORT</u>	State: <u>RI</u>	Zip: <u>02840</u>	Country: USA		
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country   8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11   J. RUSSELL JACKSON, ESQ. 26 VALLEY ROAD, SUITE 203 MIDDLETOWN , RI 02842-							
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 J. RUSSELL JACKSON, ESQ. 26 VALLEY ROAD, SUITE 203 MIDDLETOWN , RI 02842-	Title	Individual	Name	A	ddress		
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 J. RUSSELL JACKSON, ESQ. 26 VALLEY ROAD, SUITE 203 MIDDLETOWN , RI 02842-		First, Middle, La	ist, Suffix	Address, City or Town	n, State, Zip Code, Country		
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 J. RUSSELL JACKSON, ESQ. 26 VALLEY ROAD, SUITE 203 MIDDLETOWN , RI 02842-							
J. RUSSELL JACKSON, ESQ. 26 VALLEY ROAD, SUITE 203 MIDDLETOWN , RI 02842-							
	Changes Require F	iling of Form 642 - R.I.(	G.L. 7-16-11				
	J. RUSSELL JACKS	<u>ON, ESQ. 26 VALLEY R</u>	OAD, SUITE 203	<u>MIDDLETOWN</u> , <u>RI</u>	<u>02842-</u>		

## Signed this 28 Day of October, 2011 at 10:33:12 AM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

## By J. RUSSELL JACKSON, ESQ Signature of Authorized Person

Form No. 632 Revised 09/07

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