

## 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, KI 02903-1335 401.222.3040

IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 200	NNUAL REPORT FOR THE YEAR 2004
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Filing Period: September 1 - November 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liability company 100900 JC HOLDINGS, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **REAL ESTATE OPERATIONS** RHODE ISLAND 5. Principal office address City State Zip 85 Aldrich Street Providence RI 02905 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title John J. O'Meara Manager Street Address City State Zip Same as above 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 John J. O'Meara Street Address Street Address Same as above Zip City State Ζip Manager Name Manager Name Street Address Street Address ZipCity State Zip8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address G. JOHN GAZERRO, JR. Address City Ζip 1551 CENTREVILLE ROAD WARWICK 02886-

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 14 04
Check No. 223
Ву:
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.

9-29-04

Print or Type Name of Authorized Person

John J. O'Meara, Manager