



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. 135600		2. Exact name of the limited liability company JLK Management, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE HOLDING COMPANY	
5. Principal office address 990 MAIN STREET		City EAST GREENWICH	State RI
		Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOHN S. KACEWICZ, D.M.D.		Contact Title .	
Street Address 990 MAIN STREET		City EAST GREENWICH	State RI
		Zip 02818	
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 NONE		*Manager Name .	
Street Address		*Street Address .	
City	State	Zip	*City
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
State		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 WILLIAM A. FARRELL		Address 121 SOUTH MAIN STREET	
Address BROWN RUDNICK BERLACK ISRAELS LLP		City PROVIDENCE	Zip 02903-

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



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File Date _____
Check No. _____
By: _____
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FILED

OCT 29 2004

By C 48705

Kmc

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 10/05/04
JOHN S. KACEWICZ, D.M.D.
Print or Type Name of Authorized Person