



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 132904		2. Exact name of the limited liability company JBX REALTY, 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 165 POE STREET		City PROVIDENCE	State RI	Zip 02905-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name BIAGIO PRODIGIO		Contact Title			
Street Address 165 POE STREET		City PROVIDENCE	State RI	Zip 02905-	
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	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 842 - R.I.G.L. 7-16-11					
Agent Name JOHN S. DIBONA, ESQ.		Address 145 PHENIX AVENUE			
Address		City CRANSTON	Zip 02920-		

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



1 3 2 9 0 4

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.

Biagio Prodigio
Signature of Authorized Person Date

Biagio Prodigio
Print or Type Name of Authorized Person

132904 DLLC 03/21/05 01:47:11 PM

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY



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1. ID No. 132904		2. Exact name of the limited liability company JBX REALTY, 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 165 Poe Street		City Providence	State RI	Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Biagio Prodigio			Contact Title Member		
Street Address 165 Poe Street		City Providence	State RI	Zip 02905	
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	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 JOHN S. DIBONA, ESQ.			Address		
Address 145 PHENIX AVENUE			City CRANSTON	Zip 02920	

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



* 1 3 2 9 0 4 *

File Date	<u>11/17/04</u>
Check No.	<u>2043</u>
By:	<u>LB</u>
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.

Biagio Prodigio
Signature of Authorized Person 9.24.04
Date
Biagio Prodigio, Member
Print or Type Name of Authorized Person