

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

Matthew A. Brown, Secretary of State Carparations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

(FORM MUST BE TYPE							
1. ID No.		name of the limited lial		011041111			
l	THEA		MITED LIABILITY C				
3. State of Formation		, , ,	•	which is actually conducted i	in Rhode Island		
RHODE ISLAND	:	OWN, OPERATE &	MAINTAIN REAL ES	:TATE 			
5. Principal office addres	រេ		•	City	State		Zip
PO BOX 1003				CHARLESTOWN	RI		02813
6. MAILING ADDR	ESS O	F LIMITED LIABI	LITY COMPANY AN	D NAME OR TITLE	OF CONTACT P	ERSON:	**************************************
JEANNE D SHERM	IAN			.MANAGER			
Street Address	•			City	State		Zip
PO BOX 1003				. CHARLESTOWN	RI		02813-
7. NAME AND ADD	RESS	OF FACE MANAC	ER OF THE LIMIT	ED LIABILITY COMP	ANY IF APPLI	CABLE	
			BEFORE USING ATTAC		OR ATTACHMENT)		
	ANY MO			LING OF AMENDMENT. R	•	-	
Manager Name				•Manager Name		*:	
JEANNE D SHERM	AN			NONE			
Street Address				• Street Address			
PO BOX 1003				•			
City		State	Zip	*City	State		Zip
CHARLESTOWN		RI	02813	•			
Manager Name	• • • •			Manager Name	!	• • • • •	
NONE				NONE			
Street Address		<u> </u>		*Street Address	-		
				•			
City		State	Zip	City	State		Zip
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	T IN RI	HODE ISLAND -DO	NOT ALTER- Change:	s require filing of Fo	rm 642 - R.I.GL	7-16-11	
Agent Name				Address			
ADLER POLLOCK	(& SH	EEHAN P.C.		ONE CITIZENS PI	LAZA, 8TH FL	OOR	
Address				City		Zip	-
				PROVIDENCE		02903	
		-	: ::	<u>1</u> .		<u>'</u>	
This report must be	signed	in ink hv an auth	orized person pursua	nt to 7-16-66			
. ms report mast be	J.S.n.ca	inn by an auth	onzeu person pursuu	m 10 /-10-00.			

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File Date 9 63

Check No. 457

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.

Signature of Authorized Person

Date

JEANNE D. SHERMAN
Print or Type Name of Authorized Person

Form 632 Rev. 6/02



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

1. ID No.	2ED OR PRINTED IN BLA 2. Exact name of the lin				··· <u>-</u>	
107007	THE AJKMP FAM	IILY LIMITED LIABII	LITY COMPANY			
3. State of Formation	'	-	business which is actually conducted is	n Rhode Island		
RHODE ISLAND	OWN, OPER	ATE & MAINTAIN R	BAL ESTATE			
5. Principal office address			City	State	Zip	
2 PEQUOT DRIV	Æ		CHARLESTOWN	RI	02813	
6. MAILING ADD	RESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE (OF CONTACT PER	RSON:	
Contact Name		-	Contact Title			
JEANNE D SHERMAN			.MANAGER			
DEANNE D SHER	C. T. T.					
			City	State	Zip	
Street Address 2 PEQUOT DRIV	E DRESS OF EACH M	IANAGER OF THE I	. CHARLESTOWN LIMITED LIABILITY COMP	RI	02813- ABLE	
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City

PROVIDENCE

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



ADLER POLLOCK & SHEEHAN P.C.

Address

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File Date_	9-29-04
Check No	85 C
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FOR SECR	ETARY 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.

Zip

02903

Signature of Authorized Person

JEANNE D. SHERMAN Print or Type Name of Authorized Person

2300 FINANCIAL PLAZA

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, R1 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 200	\sim
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LIMITED LIADILITY COMPANY ANNUAL REPORT FOR THE TEAR	
Filing Period: September 1 - November 1 • Filing Fee: \$50.00	

(FORM MUST BE TYPE)	O OK FRINTED IN BLA						
	2. Exact name of the lim			-			
107007		LY LIMITED LIABIL					
3. State of Formation	1 '	•	business which is actually conducted in	n Rhode Island			
RHODE ISLAND	OWN, OPERI	ATE & MAINTAIN RE	:AL ESTATE				
5. Principal office addres	3		City	State	Zip		
2 PEQUOT DRIVE	,		CHARLESTOWN	RI	02813		
6. MAILING ADDR	ESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE O	OF CONTACT	PERSON:		
Contact Name			Contact Title	-			
JEANNE D SHERM	IAN		.MANAGER				
Street Address		<u>.</u>	City	State	Zip		
2 PEQUOT DRIVE			. CHARLESTOWN	RI	02813-		
7. NAME AND ADD	RESS OF EACH M	ANAGER OF THE L	MITED LIABILITY COMP	ANY, IF APPI	ICABLE		
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Manager Name JEANNE D. SHER Street Address 2 PEQUOT DRIVE	МАМ	Zip	•Manager Name NONE		Zip		
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Manager Name JEANNE D. SHER Street Address 2 PEQUOT DRIVE City CHARLESTOWN	MAN State	Zip	• Manager Name • NONE • Street Address				
Manager Name JEANNE D. SHER Street Address 2 PEQUOT DRIVE City CHARLESTOWN	MAN State	Zip	• Manager Name NONE • Street Address • City				
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Manager Name JEANNE D. SHER Street Address 2 PEQUOT DRIVE City CHARLESTOWN Manager Name NONE Street Address City 8. RESIDENT AGEN	MAN State RI State	Zip 02813 Zip	Manager Name NONE Street Address City Manager Name NONE Street Address City City	State	Zip		
Manager Name JEANNE D. SHER Street Address 2 PEQUOT DRIVE City CHARLESTOWN Manager Name NONE Street Address City 8. RESIDENT AGEN Agent Name	State State T IN RHODE ISLAN	Zip 02813 Zip D-DO NOT ALTER- Ch	Manager Name NONE Street Address City Manager Name NONE Street Address	State	Zip		
Manager Name JEANNE D. SHER Street Address 2 PEQUOT DRIVE City CHARLESTOWN Manager Name NONE Street Address City 8. RESIDENT AGEN Agent Name	MAN State RI State	Zip 02813 Zip D-DO NOT ALTER- Ch	Manager Name NONE Street Address City Manager Name NONE Street Address City City	State State	Zip		
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This report must be signed in ink by an authorized person pursuant to 7-16-66.



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FOR SECRETA	RY 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 berein are true and correct.

Signature of Authorized Person

Date

JEANNE D. SHERMAN



Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

	D OR PRINTED IN BLA				
1. ID No. *107007*	07007* THE AJKMP FAMILY LIMÍTED LÍABILITY COMPANY				
3. State of Formation			business which is actually conducted in	n Rhode Island	
RHODE ISLAND			EAL BSIAIE		
5. Principal office addre			City	State	Zip
2 PEQUOT DRIVE			CHARLESTOWN	RI	02813
6. MAILING ADDI	RESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE O	OF CONTACT PE	RSON:
Contact Name			Contact Title		
JEANNE D SHERI	MAN 		. MANAGER		
Street Address			City	State	Zip
2 PEQUOT DRIVE	E		. CHARLESTOWN	RI	02813-
Janager Name		ACES BEFORE USING TO MANAGERS REQL	JIRES FILING OF AMENDMENT. R.	OR ATTACHMENT) I.G.L 7-16-12 (a) (2	
•	ANY MODIFICATIONS		'	•	
JEANNE D. SHE	ANY MODIFICATIONS		JIRES FILING OF AMENDMENT. R. - Manager Name	•	
JEANNE D. SHEI Street Address	ANY MODIFICATIONS		JIRES FILING OF AMENDMENT. R. Manager Name NONE	•	
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JEANNE D. SHEI Street Address 2 PEQUOT DRIVE City CHARLESTOWN	ANY MODIFICATIONS RMAN E State	TO MANAGERS REQU	IRES FILING OF AMENDMENT. R. Manager Name NONE Sircel Address City Manager Name NONE	I.G.L 7-16-12 (a) (2	/ 7-16-52
JEANNE D. SHEI Street Address 2 PEQUOT DRIVE City CHARLESTOWN Manager Name	ANY MODIFICATIONS RMAN E State	TO MANAGERS REQU	IRES FILING OF AMENDMENT. R. Manager Name NONE Sircet Address City Manager Name	I.G.L 7-16-12 (a) (2	/ 7-16-52
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JEANNE D. SHEI Street Address 2 PEQUOT DRIVE City CHARLESTOWN Manager Name NONE Street Address City 8. RESIDENT AGEN	ANY MODIFICATIONS RMAN E State RI State	Zip 02813	IRES FILING OF AMENDMENT. R. Manager Name NONE Sircet Address City Manager Name NONE Street Address	State State	Zip
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JEANNE D. SHEI Street Address 2 PEQUOT DRIVI City CHARLESTOWN Manager Name NONE Street Address City 8. RESIDENT AGEN Agent Name	ANY MODIFICATIONS RMAN E State RI State RI TIN RHODE ISLAN	Zip 02813	IRES FILING OF AMENDMENT. R. Manager Name NONE Sircet Address City Manager Name NONE Street Address City Address	State State	Zip

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



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File Date	10-1-02
Check No	507
Ву;	AMF
FOR SECRE	TARY 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.

Signature of Authorized Potson Date

JEANNE D. SHERMAN

Print or Type Name of Authorized Person



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

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LIMITED LIABILITY COMPANY

ın	Number	DI.	^	407007
ID.	Number	DI I	C	707007

Annual Report for the year 2001

1.	The name of the limited liability company is:			
	THE AJKMP FAMILY LIMITED LIABILITY CO	MPANY		
2.	2. The address of the principal office of the limite	ed liability company is:		
	2 Pequot Drive, Charlestown, RI	02813		
3.	3. The state or other jurisdiction under the laws of	of which it is formed is RHODE ISLAND		
4.	The name and address of its resident agent is: ADLER POLLOCK & SHEEHAN P.C.			
	2300 FINANCIAL PLAZA PROVIDENCE RI 0	2903		
5.	5. The current mailing address of the limited liab	ility company and the name or title of a person to whom communications		
	may be directed are: 2 Pequot Driv	e, Charlestown, RI 02813		
	Attn: Jeanne	D. Sherman		
 7. 	state: To own, operate and maintai	n real estate. the name and address of each manager of the limited liability company Address		
	Jeanne D. Sherman	2 Pequot Drive, Charlestown, RI 02813		
File	FOR SECRE TO DE USE ONLY File Date: Check No.: SEP 1 7 2001	Under penalty of perjury, I declare and affirm that I have examined this eport, including any accompanying schedules and statements, and hat all statements contained herein are true and correct. THE AJKMP FAMILY LIMITED LIABILITY COMPANY Exact Name of Limited Liability Company Manager Title		
Ву:	By <u>Cr. 033/</u>	Form No. 632 Revised 01/99		

DETACH BOTTOM BEFORE RETURNING

Revised 01/99



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 107007

Annual Report for the year 2000

1.	The name of the limited liability compan	ny is:		
	THE AJKMP FAMILY LIMITED LIABILI	TY COMPANY		
2.	The address of the principal office of the	e limited liability company is:		
	2 Pequot Drive, Charlestown,	RI 02813		
3.	The state or other jurisdiction under the	laws of which it is formed is RHODE ISLAND		
	The state of the social and appropriate ADLER POLLOCK & SHEEHAN			
4.				
	2300 BANKBOSTON PLAZA PROVID			
5.	The current mailing address of the limit	ted liability company and the name or title of a person to whom communications		
	may be directed are:	2 Pequot Drive, Charlestown, RI 02813		
		Attn: Jeanne D. Sherman		
6.	A brief statement of the character of	the business in which the limited liability company is actually engaged in this		
		intain real estate.		
7.	If the limited liability company has man Name	agers, the name and address of each manager of the limited liability company Address		
	Jeanne D. Sherman	2 Pequot Drive, Charlestown, RI 02813		
	1 ,			
Da	ated 9/24/2000	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and		
	04 H.014 06(IL 10014 00)))	that all statements contained herein are true and correct.		
	<u> </u>	THE AJKMP FAMILY LIMITED LIABILITY COMPANY		
	1 0 7 0 0 7	Exact Name of Limited Liability Company		
	FOR SECRETARY OF STATE USE ONLY	By Joann A. Sherman		
File	e Date:			
Ch	eck No.: SCP 2 6 2000	Manager Title		
l	CLI 2 0 2000	Form No. 632		