



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 107007		2. Exact name of the limited liability company THE AJKMP FAMILY LIMITED LIABILITY COMPANY			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN, OPERATE & MAINTAIN REAL ESTATE			
5. Principal office address PO BOX 1003		City CHARLESTOWN	State RI	Zip 02813	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JEANNE D SHERMAN			Contact Title MANAGER		
Street Address PO BOX 1003		City CHARLESTOWN	State RI	Zip 02813-	
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) / 7-16-62					
Manager Name JEANNE D SHERMAN		Manager Name NONE			
Street Address PO BOX 1003		Street Address			
City CHARLESTOWN	State RI	Zip 02813	City	State	Zip
Manager Name NONE		Manager Name NONE			
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 ADLER POLLOCK & SHEEHAN P.C.			Address ONE CITIZENS PLAZA, 8TH FLOOR		
Address			City PROVIDENCE	Zip 02903	


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



1 0 7 0 0 7

107007 DLLC 09/06/05 02:56:00 PM	
File Date	9/16/05
Check No.	953 077507
By:	KML
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.

 9/16/05
Signature of Authorized Person Date
JEANNE D. SHERMAN
Print or Type Name of Authorized Person



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. 107007		2. Exact name of the limited liability company THE AJKMP FAMILY LIMITED LIABILITY COMPANY	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN, OPERATE & MAINTAIN REAL ESTATE	
5. Principal office address 2 PEQUOT DRIVE		City CHARLESTOWN	State RI Zip 02813
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name JEANNE D SHERMAN Contact Title MANAGER			
Street Address 2 PEQUOT DRIVE		City CHARLESTOWN	State RI Zip 02813-
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 JEANNE D SHERMAN		• Manager Name NONE	
Street Address 2 PEQUOT DRIVE		• Street Address	
City CHARLESTOWN	State RI	Zip 02813	• City • State • Zip
Manager Name NONE		• Manager Name NONE	
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 ADLER POLLOCK & SHEEHAN P.C.		Address 2300 FINANCIAL PLAZA	
Address		City PROVIDENCE	Zip 02903

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



1 0 7 0 0 7

107007 DLLC 09/07/04 11:38:14 AM	
File Date	9-29-04
Check No.	85L
By:	2
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 9/28/04

JEANNE D. SHERMAN
Print or Type Name of Authorized Person

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 107007		2. Exact name of the limited liability company THE AJKMP FAMILY LIMITED LIABILITY COMPANY	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN, OPERATE & MAINTAIN REAL ESTATE	
5. Principal office address 2 PEQUOT DRIVE		City CHARLESTOWN	State RI
		Zip 02813	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JEANNE D SHERMAN		Contact Title MANAGER	
Street Address 2 PEQUOT DRIVE		City CHARLESTOWN	State RI
		Zip 02813-	
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 JEANNE D. SHERMAN		• Manager Name • NONE	
Street Address 2 PEQUOT DRIVE		• Street Address •	
City CHARLESTOWN	State RI	Zip 02813	• City •
Manager Name NONE		• Manager Name • NONE	
Street Address •		• Street Address •	
City •	State •	Zip •	• City •
•		•	
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L 7-16-11			
Agent Name ADLER POLLOCK & SHEEHAN P.C.		Address 2300 FINANCIAL PLAZA	
Address •		City PROVIDENCE	Zip 02903

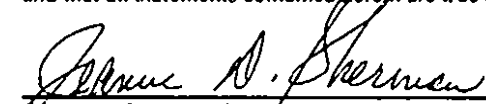
This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 0 7 0 0 7

107007 DLLC 09/23/2003 05 PM	
FILED	
File Date	SEP 23 2003
Check No.	6965
By	
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.

 SEP 21 2003
Signature of Authorized Person Date
JEANNE D. SHERMAN
Print or Type Name of Authorized Person

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *107007*		2. Exact name of the limited liability company THE AJKMP FAMILY LIMITED LIABILITY COMPANY			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN, OPERATE & MAINTAIN REAL ESTATE			
5. Principal office address 2 PEQUOT DRIVE		City CHARLESTOWN	State RI	Zip 02813	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JEANNE D SHERMAN		Contact Title MANAGER			
Street Address 2 PEQUOT DRIVE		City CHARLESTOWN	State RI	Zip 02813 -	
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 JEANNE D. SHERMAN		• Manager Name NONE			
Street Address 2 PEQUOT DRIVE		• Street Address .			
City CHARLESTOWN	State RI	Zip 02813	City .	State .	Zip .
Manager Name NONE		• Manager Name NONE			
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 ADLER POLLOCK & SHEEHAN P.C.		Address 2300 FINANCIAL PLAZA			
Address .		City PROVIDENCE		Zip 02903	

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



* 1 0 7 0 0 7 *

107007 DLLC9/24/0210:25:35 AM

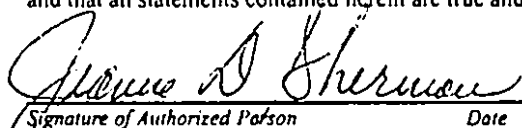
File Date 10-1-02

Check No. 507

By: AMF

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.

 10/1/2002
Signature of Authorized Person Date

JEANNE D. SHERMAN

Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



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 2001

1. The name of the limited liability company is:

THE AJKMP FAMILY LIMITED LIABILITY COMPANY

2. The address of the principal office of the 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

4. The name and address of its resident agent is: ADLER POLLOCK & SHEEHAN P.C.

2300 FINANCIAL PLAZA PROVIDENCE RI 02903

5. The current mailing address of the limited 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 state: To own, operate and maintain real estate.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Jeanne D. Sherman

2 Pequot Drive, Charlestown, RI 02813

Dated 9/13/01



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.

THE AJKMP FAMILY LIMITED LIABILITY COMPANY
Exact Name of Limited Liability Company

By Jeanne D. Sherman

Manager

Title

FOR SECRETARY OF STATE USE ONLY
File Date:

Check No.: SEP 17 2001

By: CC 0337

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040, or from our web site at www.state.ri.us

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



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 company is:

THE AJKMP FAMILY LIMITED LIABILITY COMPANY

2. The address of the principal office of the 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

4. The name and address of its resident agent is: ADLER POLLOCK & SHEEHAN

2300 BANKBOSTON PLAZA PROVIDENCE RI 02903

5. The current mailing address of the limited 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 state: to own, operate and maintain real estate.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

<i>Name</i>	<i>Address</i>
-------------	----------------

Jeanne D. Sherman

2 Pequot Drive, Charlestown, RI 02813

Dated 9/24/2000



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.

THE AJKMP FAMILY LIMITED LIABILITY COMPANY
Exact Name of Limited Liability Company

By Jeanne D. Sherman

Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date: FILED

Check No.: SEP 26 2000

By: [Signature]

Form No. 632
Revised 01/99