



**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. 100608		2. Exact name of the limited liability company Jake Kaplan's Development, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, DEVELOP, MANAGE, RENT, LEASE, SELL REAL ESTATE.	
5. Principal office address 1346 BALD HILL ROAD		City WARWICK	State RI Zip 02886
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JONATHAN N SAVAGE		Contact Title	
Street Address 36 WEYBOSSET STREET		City PROVIDENCE	State RI Zip 02903
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 *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 JONATHAN N. SAVAGE, ESQ.		Address 86 WEYBOSSET STREET	
Address		City PROVIDENCE	Zip 02903

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



1 0 0 6 0 8

\*100608 DLLC 09/11/05 03:16:39 PM\*

File Date 9-29-05

Check No. 30771

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.

Sheree Kaplan 9/16/05  
Signature of Authorized Person Date

Sheree Kaplan Allen, Member  
Print or Type Name of Authorized Person



**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. 100608		2. Exact name of the limited liability company Jake Kaplan's Development, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, DEVELOP, MANAGE, RENT, LEASE, SELL REAL ESTATE.	
5. Principal office address 1346 BALD HILL ROAD		City WARWICK	State RI
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JONATHAN N SAVAGE		Contact Title ATTORNEY	
Street Address 86 WEYBOSSET STREET		City PROVIDENCE	State RI
		Zip 02903	
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
			State
			Zip
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 JONATHAN N. SAVAGE, ESQ.		Address 86 WEYBOSSET STREET	
Address		City PROVIDENCE	Zip 02903

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



1 0 0 6 0 8

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
OCT 7 2 04 PM '04

\*99959 DLLC 09/07/03 11:56:57 AM\*

File Date OCT 07 2004

Check No. BYM 47084620

By: [Signature]

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] 21 Sept 04  
Signature of Authorized Person Date

Sheree Kaplan Allen, Member  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Mathew 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 2003**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 100608		2. Exact name of the limited liability company Jake Kaplan's Development, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, DEVELOP, MANAGE, RENT, LEASE, SELL REAL ESTATE.	
5. Principal office address 1346 Bald Hill Road		City Warwick	State RI
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JONATHAN N SAVAGE		Contact Title ATTORNEY	
Street Address 86 WEYBOSSET ST.		City PROVIDENCE	State RI
		Zip 02903-	
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 N/A		*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 JONATHAN N. SAVAGE, ESQ.		Address 86 WEYBOSSET STREET	
Address		City PROVIDENCE	Zip 02903

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



1 0 0 6 0 8

\*100608 DLLC 09/04/03 10:24:31 PM\*

File Date 10/8/03

Check No. 025308

By: KMC

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.

Sheree Kaplan Allen, Member  
Signature of Authorized Person Date

Sheree Kaplan Allen, Member  
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. <b>100608</b>		2. Exact name of the limited liability company <b>Jake Kaplan's Development, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>ACQUIRE, DEVELOP, MANAGE, RENT, LEASE, SELL REAL ESTATE</b>	
5. Principal office address <b>1346 Bald Hill Road</b>		City <b>Warwick</b>	State <b>RI</b>
		Zip <b>02886</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Jonathan N. Savage</b>		Contact Title <b>Attorney</b>	
Street Address <b>86 Weybosset Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02903</b>	
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 <b>None</b>		* 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 <b>JONATHAN N. SAVAGE, ESQ.</b>		Address	
Address <b>86 WEYBOSSET STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02903</b>

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



\* 1 0 0 6 0 8 \*

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.

File Date 11-19-02  
Check No. 22824  
By: BNF  
FOR SECRETARY OF STATE USE ONLY

Sheree Kaplan Allen Oct. 30, 2002  
Signature of Authorized Person Date  
Sheree Kaplan Allen, member  
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 100608

Annual Report for the year 2001

1. The name of the limited liability company is:

Jake Kaplan's Development, LLC

2. The address of the principal office of the limited liability company is:

1346 Bald Hill Road, Warwick, RI 02886

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: JONATHAN N. SAVAGE, ESQ.

86 WEYBOSSET STREET 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: Jonathan N. Savage, 86 Weybosset Street, Providence,

RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: owning, managing and selling real estate, and any other lawful activity

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

*Name*

*Address*

None

Dated \_\_\_\_\_

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.



Jake Kaplan's Development, LLC

*Exact Name of Limited Liability Company*

By \_\_\_\_\_

*Sheree Kaplan Allen*

Sheree Kaplan Allen, Member

*Title*

FOR SECRETARY OF STATE USE ONLY

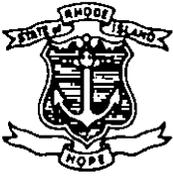
File Date: 3-4-02

Check No.: 20002

By: [Signature]

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 100608

Annual Report for the year 2000

1. The name of the limited liability company is:

Jake Kaplan's Development, LLC

2. The address of the principal office of the limited liability company is:

705 Elmwood Avenue, Providence, RI 02907

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: JONATHAN N. SAVAGE, ESQ., 86 Weybosset Street

~~MCGOVERN DEL & BENK 1800 HOSPITAL TRUST TOWER 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: Sheree Kaplan-Allen, Member, 705 Elmwood Avenue,

Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Acquire, develop, manage, rent, lease, sell real estate

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

*Name*

*Address*

None

Dated 9/20/00

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.



1 0 0 6 0 8

Jake Kaplan's Development, LLC

*Exact Name of Limited Liability Company*

FOR SECRETARY OF STATE USE ONLY	
File Date:	SEP 26 2000
Check No.:	251584
By:	Sheree Kaplan-Allen

**FILED**

SEP 26 2000

By:

Sheree Kaplan-Allen member

Sheree Kaplan-Allen, Member

*Title*

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 LL 100608

Annual Report for the year 1999

1. The name of the limited liability company is:

Jake Kaplan's Development, LLC

2. The address of the principal office of the limited liability company is:

705 Elmwood Avenue, Providence, RI 02907

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: JONATHAN N. SAVAGE, ESQ.

SHECHTMAN & HALPERIN 86 WEYBOSSET STREET 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: Ms. Sheree Kaplan, Member, 705 Elmwood Avenue, Providence, RI 02907

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: acquire, develop, manage, rent, lease, sell real estate.

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

N/A

Dated \_\_\_\_\_

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.



Jake Kaplan's Development, LLC  
Exact Name of Limited Liability Company

By Sheree Kaplan  
Sheree Kaplan, Member  
Title

FOR SECRETARY OF STATE USE ONLY  
File Date: 2-28-00  
Check No.: 15020  
By: AMF