



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. 135108		2. Exact name of the limited liability company SJC Holdings, 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 ACQUISITION AND HOLDING	
5. Principal office address 7 GILBERT STREET		City PROVIDENCE	State RI Zip 02909-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MR. JEFFREY COREY		Contact Title	
Street Address 7 GILBERT STREET		City PROVIDENCE	State RI Zip 02909-
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
Manager Name		Manager Name	
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 JAMES J. BELLIVEAU, ESQ.		Address 50 PARK ROW WEST, SUITE 102	
Address BELLIVEAU & ST. SAUVEUR, LLP		City PROVIDENCE	Zip 02903-

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
05 OCT 2005
PM 2:21

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



1 3 5 1 0 8

135108 DLLC 09/08/05 10:40:13 AM

File Date **FILED**

Check No. **OCT 31 2005**

By: *[Signature]* 10241

FOR SECRETARY OF STATE

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] 10/28/05
Signature of Authorized Person Date
JEFFREY COREY
Print or Type Name of Authorized Person



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1. ID No. 135108		2. Exact name of the limited liability company SJC Holdings, 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 Aquisition and Holding	
5. Principal office address 7 Gilbert Street		City Providence	State RI Zip 02909
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Mr. Jeffrey Corey		Contact Title	
Street Address 7 Gilbert Street		City Providence	State RI Zip 02909
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			
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OCT 22 2004

By KML
m48440



1 3 5 1 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.

Jeffrey Corey 10/16/04
Signature of Authorized Person Date
Jeffrey Corey
Print or Type Name of Authorized Person

135108 DLLC 09/01/04 10:40:14 AM

File Date

Check No.

By:

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