

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

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

. <i>ID No.</i> 135108		ct name of the limited liabilty company Holdings, LLC				
. State of Formation				ne business which is actually conducted	in Rhode Island	<u> </u>
RHODE ISLAND	)	REAL ESTA	TE ACQUISITION	AND HOLDING		
Principal office address GILBERT STREET				City PROVIDENCE	State RI	<i>Zip</i> 02909-
Contact Name	ORESS O	FLIMITED	LIABILITY COMP	ANY AND NAME OR TITLE  Contact Title	OF CONTACT PER	SON:
treet Address				City	State	Zip
GILBERT STR	REET			. PROVIDENCE	RI	02909-
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anager Name		FILL IN S	PACES BEFORE USIN TO MANAGERS REQ	G ATTACHMENTS ("X" BOX F UIRES FILING OF AMENDMENT. R	OR ATTACHMENT)	
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This report must be signed in ink by an authorized person pursuant to 7-16-66.



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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.

Signapor of supprized prison

Date

JEFFREY COREY

Print or Type Name of Authorized Person



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

## 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) 2. Exact name of the limited liabilty company I, ID No. 135108 SJC Holdings, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Aquisition and Holding RHODE ISLAND 5. Principal office address Zio RI 02909 Providence 7 Gilbert Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON. Contact Title Contact Name Mr. Jeffrey Corey State City Zφ Street Address 02909 . Providence RI 7 Gilbert Street 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) 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 State Zip \*City City State Manager Name Manager Name Street Address Street Address State .Cin State Zip City Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Agent Name . Address 50 PARK ROW WEST, SUITE 102 JAMES J. BELLIVEAU, ESQ. Lip

**PROVIDENCE** 

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

UCT 2 2 2004 By KMC MUEYYO



BELLIVEAU & ST. SAUVEUR, LLP

FOR SECRETARY OF STATE USE ONLY

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, hat all statements contained herein are true and correct.

ffrev Corev Print or Type Name of Authorized Person