



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. 140211		2. Exact name of the limited liability company Jakal, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL REAL ESTATE	
5. Principal office address 236 WOODRIDGE DRIVE		City SAUNDERSTOWN	State RI
		Zip 02874	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MICHAEL G. PERREAULT		Contact Title OPERATING MANAGER	
Street Address 236 WOODRIDGE DRIVE		City SAUNDERSTOWN	State RI
		Zip 02874	
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 MICHAEL G. PERREAULT		Manager Name	
Street Address 236 WOODRIDGE DRIVE		Street Address	
City SAUNDERSTOWN	State RI	Zip 02874	
Manager Name		Manager Name	
Street Address		Street Address	
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 MICHAEL G. PERREAULT		Address	
Address 236 WOODRIDGE DRIVE		City SAUNDERSTOWN	Zip 02874

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



File Date	9/12/05	*140211*
Check No.	1050	
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.

Signature of Authorized Person
Date 9/8/05
MICHAEL G. PERREAULT
Print or Type Name of Authorized Person