



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. 111313		2. Exact name of the limited liability company J. Giffen Stewart, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CONSTRUCTION COMPANY	
5. Principal office address 26 DAMON STREET		City NEWPORT	State RI
			Zip 02840-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name J. GIFFEN STEWART		Contact Title	
Street Address 26 DAMON STREET		City NEWPORT	State RI
			Zip 02840-
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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 J. GIFFEN STEWART		Address 26 DAMON STREET	
Address		City NEWPORT	Zip 02840-

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



1 1 1 3 1 3

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.

J. Giffen Stewart
Signature of Authorized Person Date

J. Giffen Stewart
Print or Type Name of Authorized Person

111313 DLLC 08/30/05 09:53:00 AM

FILED

File Date SEP 08 2005

Check No. _____

By 1449

FOR SECRETARY OF STATE USE ONLY QAS



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

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Zip 02840-			
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name J. GIFFEN STEWART		Contact Title	
Street Address 26 DAMON STREET		City NEWPORT	State RI
Zip 02840-			
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	City	State
Zip	Zip	Zip	Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip	Zip	Zip	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 J. GIFFEN STEWART		Address 911 NEWPORT GREEN	
Address		City NEWPORT	Zip 02840-

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
OCT 15 2 35 PM '04

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



1 1 1 3 1 3

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.

J. Giffen Stewart Oct 14 04
Signature of Authorized Person Date

J. Giffen Stewart
Print or Type Name of Authorized Person

111313 DLLC 09/29/04 09:23:47 AM

File Date OCT 15 2004

Check No. By 1147657

By: GAB

FOR SECRETARY OF STATE USE ONLY



Office of the Secretary of State
Matthew A. Brown, Secretary of State

100 North Main Street
Providence, RI 02903-1335
401.222.3040

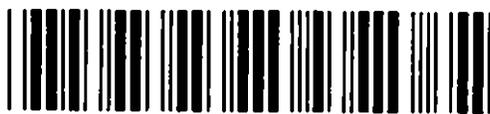
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 111313		2. Exact name of the limited liability company J. Giffen Stewart, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CONSTRUCTION COMPANY	
5. Principal office address 26 Damon Street		City Newport	State RI
		Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name J. Giffen Stewart		Contact Title Owner	
Street Address 26 Damon Street		City Newport	State RI
		Zip 02840	
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
			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 J. GIFFEN STEWART		Address	
Address 911 NEWPORT GREEN		City NEWPORT	Zip 02840

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



* 1 1 1 3 1 3 *

File Date	<u>10/24/03</u>
Check No.	<u>6749</u>
By:	<u>[Signature]</u>
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] 10/23/03
Signature of Authorized Person Date

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. *111313*	2. Exact name of the limited liability company J. Giffen Stewart, LLC		
3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island CONSTRUCTION COMPANY		

5. Principal office address 911 NEWPORT GREEN	City NEWPORT	State RI	Zip 02840-
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name J. GIFFEN STEWART	Contact Title .		
Street Address 911 NEWPORT GREEN	City NEWPORT	State RI	Zip 02840-

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				
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 J. GIFFEN STEWART	Address 26 DAMON STREET	
Address	City NEWPORT	Zip 02840-

RECEIVED
 SECRETARY OF STATE
 JAN 7 11 37 AM '03

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



* 1 1 1 3 1 3 *

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.

111313 DLLC12/23/021:27:36 PM

File Date **FILED**

Check No. **JAN 07 2003**

By: **310353**

FOR SECRETARY OF STATE USE ONLY

J. Giffen Stewart 12/23/02
Signature of Authorized Person Date

J. Giffen Stewart
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 111313

Annual Report for the year 2001

1. The name of the limited liability company is:

J. Giffen Stewart, LLC

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

911 Newport Green, Newport, RI 02840

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: J. GIFFEN STEWART

911 Newport Green, Newport, RI 02840

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: J. Giffen Stewart, LLC - 911 Newport Green, Newport, RI 02840

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Construction Company

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

Name

Address

J. Giffen Stewart

911 Newport Green, Newport, RI 02840

Dated Aug 30, 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.

J. Giffen Stewart, LLC

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-5-01</u>
Check No.:	<u>2277</u>
By:	<u>[Signature]</u>

By [Signature]
Managing Member Owner
Title