



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. 138596		2. Exact name of the limited liability company JALARAM VANI 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 1359 WEST MAIN ROAD		City MIDDLETOWN	State RI	Zip 02842-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name GUNVANTRAL S PATEL		Contact Title Manager			
Street Address 207 Main Street		City Waltham	State MA	Zip 02154	
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 GUNVANTRAL S PATEL		*Manager Name Mohanbhai S. Patel			
Street Address 207 Main Street		*Street Address 207 Main Street			
City Waltham	State MA	Zip 02154	*City Waltham	*State MA	*Zip 02154
*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 DAVID P. MARTLAND, ESQ.		Address 1100 AQUIDNECK AVENUE			
Address		City MIDDLETOWN	Zip 02842-		

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



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File Date	11/23/06
Check No.	13969
By:	<i>P</i>
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.

G. Patel 10-8-05
Signature of Authorized Person Date
GUNVANTRAL PATEL
Print or Type Name of Authorized Person