



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. 128918		2. Exact name of the limited liability company Jamie & Bambi, 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 19 WATCH HILL ROAD		City WESTERLY	State RI Zip 02891-
Contact Name JAMIE ALUZZO		Contact Title MEMBER	
Street Address 19 WATCH HILL ROAD		City WESTERLY	State RI Zip 02891-
Manager Name NA		*Manager Name .	
Street Address		*Street Address .	
City	State	Zip	*City .
*Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City .
Agent Name JAMIE ALUZZO		Address 19 WATCH HILL ROAD	
Address		City WESTERLY	Zip 02891-

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



1 2 8 9 1 8

*128918 DLLC 09/19/05 01:39:37 PM*	
File Date	9/26/05
Check No.	3557
By:	GA
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.

*Jamie Aluzzo* 9/22/05  
Signature of Authorized Person Date  
Jamie Aluzzo  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
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(401) 222-3040

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5. Principal office address 19 WATCH HILL RD		City WESTERLY	State RI
		Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JAMIE ALUZZO		Contact Title MEMBER	
Street Address 19 WATCH HILL RD		City WESTERLY	State RI
		Zip 02891	
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 NONE		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 JAMIE ALUZZO		Address	
Address 19 WATCH HILL ROAD		City WESTERLY	Zip 02891

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



\* 1 2 8 9 1 8 \*

File Date	9/21/04
Check No.	2052
By:	DA
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 Jamie Aluzzo Date 9/20/04  
Print or Type Name of Authorized Person JAMIE ALUZZO MEMBER