

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. 2. Exact name of the limited liabilty company 128918 Jamie & Bambi, LLC. 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL REAL ESTATE RHODE ISLAND 5. Principal office address State Zip 19 WATCH HILL ROAD WESTERLY RI 02891-CALL STATE OF THE Contact Name Contact Title JAMIE ALUZZO .MEMBER Street Address City State 19 WATCH HILL ROAD . WESTERLY RI 02891-Manager Name ·Manager Name NA Street Address Street Address City State Zip City State Zip Manager Name Manager Name Street Address Street Address City State Zip State Zip Agent Name Address JAMIE ALUZZO 19 WATCH HILL ROAD Address City Zip WESTERLY 02891-

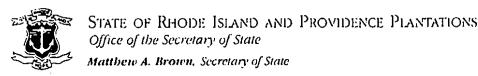
This report must be signed in ink by an authorized person pursuant to 7-16-66.



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File Date	9/24/03
Check No.	3557
Ву:	Cotr
FOR SECRETARY	OF STATE USE ONLY

Under penalty of perjury, I declar	e and affirm	that I have examined
this report, including any accomp		
and that all statements contained	herein are tri	ie and correct.
Jemi' as	200	9/22/05
Signature of Authorized Person		Date

Jamie Print or Type Name of Authorized Person



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

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Ву:	(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

NEMBER

Print or Type Name of Authorized Person