



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. 112223		2. Exact name of the limited liability company TJ Realty, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BUYING, SELLING, OWNING AND MANAGING OF REAL ESTATE			
5. Principal office address 134 AQUIDNECK AVENUE		City MIDDLETOWN	State RI	Zip 02842-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOHN L SWEENEY		Contact Title			
Street Address 134 AQUIDNECK AVE.		City MIDDLETOWN	State RI	Zip 02842-	
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 TURNER C. SCOTT		Address 122 TOURO STREET			
Address		City NEWPORT	Zip 02840-		

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



1 1 2 2 2 3

112223 DLLC 09/01/05 01:40:55 PM

File Date 10/05/05

Check No. 23307

By: CXC

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.

John L. Sweeney 12 Sep 05
Signature of Authorized Person Date

John L. Sweeney
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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1 ID No 112223		2 Exact name of the limited liability company TJ Realty, LLC			
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island BUYING, SELLING, OWNING AND MANAGING OF REAL ESTATE			
5 Principal office address 134 Aquidneck Avenue			City Middletown	State RI	Zip 02842
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name John L. Sweeney			Contact Title		
Street Address 134 Aquidneck Avenue			City Middletown	State RI	Zip 02842
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 FOR RHODE ISLAND - DO NOT ALTER - Changes require filing of form 612 - R.I.G.L. 7-16-11					
Agent Name TURNER C. SCOTT			Address		
Address 122 TOURO STREET			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 2 2 2 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.

File Date 11/4/04
Check No. 21877
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

[Signature] 11/28/04
Signature of Authorized Person Date
John L. Sweeney
Print or Type Name of Authorized Person



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. 112223		2. Exact name of the limited liability company TJ Realty, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BUYING, SELLING, OWNING AND MANAGING OF REAL ESTATE			
5. Principal office address 134 Aquidneck Avenue		City Middletown	State RI	Zip 02842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name John L. Sweeney			Contact Title		
Street Address 134 Aquidneck Avenue		City Middletown	State RI	Zip 02842	
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 TURNER C. SCOTT					
Address 122 TOURO STREET			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 2 2 2 3 *

File Date 4-19-03
Check No. 20354
By: [Signature]
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] 15 Sep 03
Signature of Authorized Person Date
John L. Sweeney
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. 112223		2. Exact name of the limited liability company TJ Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BUYING, SELLING, OWNING AND MANAGING OF REAL ESTATE	
5. Principal office address 134 Aquidneck Avenue		City Middletown	State RI
		Zip 02842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name John L. Sweeney		Contact Title .	
Street Address 134 Aquidneck Avenue		City Middletown	State RI
		Zip 02842	
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	City	State	Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND-DUPLICATE-Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name TURNER C. SCOTT		Address	
Address 122 TOURO STREET		City NEWPORT	Zip 02840

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



* 1 1 2 2 2 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.

John L. Sweeney 13 Jan 07
Signature of Authorized Person Date

John L. Sweeney
Print or Type Name of Authorized Person

File Date	10.19.02
Check No.	18845
By:	<i>JS</i>
FOR SECRETARY OF STATE USE ONLY	

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 112223

Annual Report for the year 2001

1. The name of the limited liability company is:

TJ Realty, LLC

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

134 Aquidneck Avenue, Middletown, RI 02842

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: TURNER C. SCOTT

122 TOURO STREET 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: John L. Sweeney

134 Aquidneck Avenue, Middletown, RI 02842

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Buying, selling, owing and managing of real estate

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

Name

Address

Dated 8 Sep 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.



TJ Realty, LLC
Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY
File Date: 9-24-01
Check No.: 17010
By: [Signature]

By John L. Sweeney
Partner
Title

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be