



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. 104324		2. Exact name of the limited liability company J.B.R., LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island NIGHT CLUB			
5. Principal office address 165 POE STREET		City PROVIDENCE	State RI	Zip 02908-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOSEPH A MANFREDI		Contact Title			
Street Address 165 POE STREET		City PROVIDENCE	State RI	Zip 02905-4719	
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 JOHN S. DIBONA, ESQ.		Address 145 PHENIX AVENUE			
Address		City CRANSTON		Zip 02920-	

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



1 0 4 3 2 4

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.

Joseph A. Manfredi 09/23/05
Signature of Authorized Person Date

Joseph A. Manfredi
Print or Type Name of Authorized Person

104324 DLLC 03/21/05 01:46:36 PM

File Date 9/28/05

Check No. 2349

By: CP

FOR SECRETARY OF STATE USE ONLY



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) 222-3640

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 104324		2. Exact name of the limited liability company JBR, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island NIGHT CLUB	
5. Principal office address 165 Poe Street		City Providence	State RI
		Zip 02908	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joseph A. Manfredi		Contact Title Member	
Street Address 165 Poe Street		City Providence	State RI
		Zip 02908	
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 JOHN S. DIBONA, ESQ.		Address	
Address 145 PHENIX AVENUE		City CRANSTON	Zip 02920

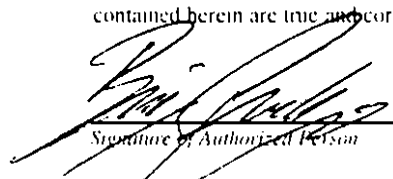
This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 0 4 3 2 4 *

File Date	<u>10/4/04</u>
Check No.	<u>2039</u>
By	<u>DH</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 of Authorized Person
Date 9-24-04
Biagio Prodigio, Member
Print or Type Name of Authorized Person



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 104324		2. Exact name of the limited liability company J.B.R., LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island NIGHT CLUB			
5. Principal office address 165 POE STREET		City PROVIDENCE	State RI	Zip 02908-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOSEPH A MANFREDI		Contact Title Member			
Street Address 165 POE STREET		City PROVIDENCE	State RI	Zip 02905-4719	
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 JOHN S. DIBONA, ESQ.		Address 145 PHENIX AVENUE			
Address		City CRANSTON	Zip 02920-		

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



1 0 4 3 2 4

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

Date

Print or type Name of Authorized Person

File Date

10-14-03

Check No.

1727

By

[Signature]

FOR SECRETARY OF STATE USE ONLY



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 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *104324*		2. Exact name of the limited liability company J.B.R., LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island NIGHT CLUB	
5. Principal office address 165 POE STREET		City PROVIDENCE	State RI
		Zip 02908-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOSEPH A MANFREDI		Contact Title MEM	
Street Address 165 POE STREET		City PROVIDENCE	State RI
		Zip 02905-4719	
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	State	State	State
Manager Name	Manager Name	Manager Name	Manager Name
Street Address		Street Address	
City	State	Zip	City
State	State	State	State
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOSEPH A. MANFREDI		Address 28 RANKIN AVENUE	
Address		City PROVIDENCE	Zip 02908

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



* 1 0 4 3 2 4 *

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.

104324 DLLC7/3/0310:12:37 AM
File Date <u>8/11/03</u>
Check No. <u>1668</u>
By: <u>DA</u>
FOR SECRETARY OF STATE USE ONLY

Joseph A. Manfredi 07-22-03
Signature of Authorized Person Date
Joseph A. Manfredi, Member
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

LIMITED LIABILITY COMPANY

ID Number 104324

Annual Report for the year 2001

1. The name of the limited liability company is:

JBR, LLC

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

165 Poe Street, Providence, RI 02905-4719

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: Joseph A. Manfredi, 28 Rankin Avenue,
Providence, RI 02908

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: 165 Poe Street, Providence, RI 02905-4719

Joseph A. Manfredi, Member

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

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

Name

Address

N/A

FILED

SEP 26 2001

By cc 2764
cc

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.

Date: September 25, 2001

JBR, LLC

Exact Name of Limited Liability Company

By

Biagio Prodigio MEMBER
Biagio Prodigio, Member

Title

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

LIMITED LIABILITY COMPANY

ID Number 104324

Annual Report for the year 2000

1. The name of the limited liability company is:

JBR, LLC

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

165 Poe Street, Providence, RI 02905-4719

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: Joseph A. Manfredi, 28 Rankin Avenue,

Providence, RI 02908

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: 165 Poe Street, Providence, RI 02905-4719

Joseph A. Manfredi, Member

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

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

Name

Address

FILED

SEP 26 2001

By 02 2764

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.

Date: September 25, 2001

JBR, LLC

Exact Name of Limited Liability Company

By

Biagio Prodigio, Member

Title