

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) 2. Exact name of the limited liabilty company 1. ID No. 104324 J.B.R., LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation NIGHT CLUB RHODE ISLAND State 5. Principal office address City 2.io **PROVIDENCE** RI 02908-165 POE STREET 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title JOSEPH A MANFREDI City State Street Address RI 02905-4719 165 POE STREET . PROVIDENCE 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL, IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) 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 Zip State City State Zip. Manager Name Manager Name ·Street Address Sircel Address Zip State State City 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. 145 PHENIX AVENUE City Zip Address CRANSTON 02920-

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



104324 DLLC 03/21/05 Q1:46:36 PM File Date Check No. 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.

Joseph A. Manfredi

Print or Type Name of Authorized Person

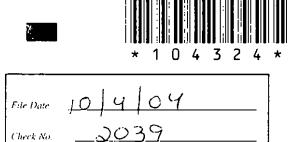


Corporations Durision 100 North Main Street Providence, RI 02903-1335 491 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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Contact Name				Contact Title				
Joseph A. N	Manfre	di		Member				
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165 Poe Str				Providence	RI		02908	
7. NAME AND ADD	RESS OF			LITY COMPANY, IF APPLIC HMENTS - ("X" BOX FOR A				
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Agent Name				Address				
JOHN'S DIBONA, ESQ.			T					
Address				City Zip		Z:IP		
145 PHENIX AVENUE				CRANSTON 02920-				

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



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.

Print or Type Name of Authorized Person

Biágió Prodigio, Member

FOR SECRETARY OF STATE USE ONLY



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name JOSEPH A MANFREDI Siret Address City NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENT ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) 1.7-16-52. Manager Name Siret Address City Siate Zip City Siate Zip Manager Name Siret Address City Siate Zip City Siate Zip Manager Name Siret Address City Siate Zip Manager Name	ORM MUST BE TYP	PED OR PRINTED					
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This report must be signed in ink by an authorized person pursuant to 7-16-66.

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Check No. 1727	
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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 Print or Type Name of Authorized Person

Form 632 Rev. 6/02



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

FORM MUST BE TYPED OR PRINTED IN BLACK	LIMITED LI Filing Period: Septe	IABILITY C	COMPANY AND r 1 • Filing Fee: \$50	NUAL REPORT FO	OR THE YE	EAR		
104324* J.B.R., LLC					<u> </u>			
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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 City Zip	Street Address			·Street Address				
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This report must be signed in ink by an authorized person pursuant to 7-16-66.						$\frac{C}{C}$		



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File Date	8/1103	
Check No.	1668	
B <u>v:</u>	OA-	
FOR SECRET	TARY 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.

and diat an statements contained herein are	The line contect.
million line	07-22-03
Signature of Authorized Person (Date
Joseph A. Manfredi,	Member
Print or Type Name of Authorized Person	

Form 632 Rev. 6/02



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	Number104324	Annual Report for the year2001
1.	The name of the limited liability company JBR, LLC	/ is:
2.	The address of the principal office of the 165 Poe Street, Providence	
3.	The state or other jurisdiction under the la	aws of which it is formed is: Rhode Island
4.	The name and address of its resident age	entis: Joseph A. Manfredi, 28 Rankin Avenue,
5.		limited liability company and the name or title of a person to whom 165 Poe Street, Providence, RI 02905-4719
	state: Night club	e business in which the limited liability company is actually engaged in this gers, list the name and address of each manager:
	Name N/A	Address
	FILED	
	SEP 26 2001 By 002744	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.
Dat	te: September 25, 2001	JBR, LLC
		By Build (why) MIMBER
		Biagio Prodigio, Member
Forn	n No. 632	Title .

Form No. 632 Revised: 01/99 Filing Tee: \$50.00



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 nam	e of the limited l	ability company i	is:				
	JBR, 1	LLC	· -	<u> </u>				
2.				mited liability company is:				
3.	The state	e or other jurisdic	tion under the la	ws of which it is formed is: Rhode Island				
4.	The nam			ntis: <u>Joseph A. Manfredi, 28 Rankin</u>	Avenue,			
5.	The cur	rent mailing ac	dress of the li	mited liability company and the name or title of a 65 Poe Street, Providence, RI 02905				
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 lim	If the limited liability company has managers, list the name and address of each manager:						
		Name		Address				
		FIL	.ED					
		SEP 2 By_00	6 2001 2744	Under penalty of penury, I declare and affirm that I report, including any accompanying schedules at that all statements contained herein are true and corr	nd statements, and			
D	_{ate:} Sep	tember 25,	2001	JBR, LLC				
		10. "I TS 9		Exact Name of Limited Liability Company By Sungar Loda MEMB				
		* + * . . **		Biagio Prodigio, Member Title				

Form No. 632 Revised: 01/99