



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Ch. #  
Aug. 29, 05  
\$ 50.00

Corporations Div.  
100 North Main St.  
Providence, RI 02903-1  
401.222.31

**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. 97141		2. Exact name of the limited liability company MORRIS JONES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROPERTY RENTAL FOR A TAVERN, RESTAURANT, PUB, BAR	
5. Principal office address 102 BEACON DRIVE/HERITAGE HILLS		City NORTH KINGSTOWN	State RI
		Zip 02852-4604	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
102 BEACON DRIVE/HERITAGE HILLS		OWNER/PRESIDENT/VICE PRES/SEC./TREA.	
NAME MR. MICHAEL R. MUKSIAN, JR.		City NORTH KINGSTOWN	State RI
		Zip 02852-4604	
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 William W. CLARK		Manager Name Kristen CLARK	
Street Address 7835 Post Road		Street Address 7835 Post Road	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name MICHAEL R. MUKSIAN, JR.		Address HERITAGE HILLS	
Address 102 BEACON DRIVE		City NORTH KINGSTOWN	Zip 02852-4604

\* Also # 6 Please Reverse Contact Name Info with Street Address Info

Please Address last 4 digits to the zip code. Thank you

Sony I put info on wrong lines & made a mistake error on my part

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



File Date	8/31/05	*97141*
Check No.	1670	
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]*  
Signature of Authorized Person

28/Aug/05  
Date

MICHAEL R. MUKSIAN, JR.  
Print or Type Name of Authorized Person



**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. <b>97141</b>		2. Exact name of the limited liability company <b>MORRIS JONES, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>PROPERTY RENTAL FOR A TAVERN, RESTAURANT, PUB, BAR</b>			
5. Principal office address <b>7835 POST ROAD c/o Gillian's Ale House</b>		City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>MICHAEL R. MUKSIAN, JR.</b>		Contact Title <b>Principal - Pres, VP, TREASURER, SEC</b>			
Street Address <b>102 Beacon Drive, <del>North</del></b>		City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	
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 <b>William W. Clark</b>		Manager Address <b>10/06/04 mailed Back</b>			
Street Address <b>7835 Post Road</b>		Street Address			
City <b>No. Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	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 <b>MICHAEL R. MUKSIAN, JR.</b>		Address <b>HERITAGE HILLS</b>			
Address <b>102 BEACON DRIVE</b>		City <b>NORTH KINGSTOWN</b>	Zip <b>02852-4604 *</b>		

\* Zip 02852-4604

\*#5 - 7835 POST ROAD  
c/o Gillian's Ale House

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



File Date 10/7/04  
Check No 2247  
By W.  
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]* 09/15/04  
Signature of Authorized Person Date  
**MICHAEL R. MUKSIAN, JR.**  
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 Div  
106 North Main St.  
Providence, RI 02903-1  
401-222-

**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. <b>97141</b>		2. Exact name of the limited liability company <b>MORRIS JONES, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>PROPERTY RENTAL FOR A TAVERN, RESTAURANT, PUB, BAR</b>			
5. Principal office address <b>102 BEACON DRIVE,</b>		City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852-4600</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>MICHAEL R. MUKSIAN JR</b>		Contact Title <b>PRESIDENT, VP, SECRETARY, TREASUR,</b>			
Street Address <b>102 BEACON DRIVE</b>		City <b>No. Kingstown</b>	State <b>RI</b>	Zip <b>02852-4600</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE					
Street Address <b>102 BEACON DRIVE</b>		Street Address			
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852-4604</b>	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 <b>MICHAEL R. MUKSIAN, JR.</b>		Address <b>HERITAGE HILLS</b>			
Address <b>102 BEACON DRIVE</b>		City <b>NORTH KINGSTOWN</b>	Zip <b>02852</b>		

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



File Date 9-22-03  
Check No 2060  
By De

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

*Michael R. Muksián, Jr.*  
Signature of Authorized Person Date 18 SEPT 03  
**MICHAEL R. MUKSIAN, JR.**  
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. 97141		2. Exact name of the limited liability company THE UNITED STATES OF AMERICA - UNITED WE STAND, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROPERTY RENTAL FOR A TAVERN, RESTAURANT, PUB, BAR	
5. Principal office address 7835 Post Road - Route 1		City North Kingstown	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MICHAEL R. MUKSIAN JR.		Contact Title	
Street Address Heritage Hills 102 Beacon Drive		City North Kingstown	State RI
		Zip 02852-4604	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS. <input checked="" type="checkbox"/> 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 MICHAEL R. MUKSIAN, JR.		Manager Name	
Street Address HERITAGE HILLS 102 BEACON DRIVE		Street Address	
City North Kingstown	State RI	City	State
Zip 02852-4604		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 MICHAEL R. MUKSIAN, JR.		Address HERITAGE HILLS	
Address 102 BEACON DRIVE		City NORTH KINGSTOWN	Zip 02852 - 4604

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



\* 9 7 1 4 1 \*

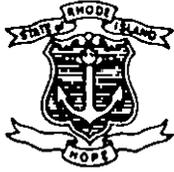
File Date	10-4-02	20. Hd	EE 2 h 130
Check No.	1893	RECEIVED SECRETARY OF STATE CORPORATIONS DIVISION	
By:	AMF		
FOR SECRETARY OF STATE USE ONLY			

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.

*Michael R. Muksián, Jr.*  
Signature of Authorized Person  
Date: 09-10-02  
MICHAEL R. MUKSIAN, JR.  
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
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 97141

Annual Report for the year 2001

1. The name of the limited liability company is:

Morris Jones, LLC (Name changed to: The United States of America - United we Stand,)

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

7835 POST ROAD, NORTH KINGSTOWN, RI 02852

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: MICHAEL R. MUKSIAN, JR.

MICKEY'S TAVERN 7835 POST ROAD NORTH KINGSTOWN RI 02852

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: 102 BEACON DRIVE - HERITAGE HILLS NORTH KINGSTOWN

MICHAEL R. MUKSIAN, JR. RI 02852-4604

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: TAVERN, RESTURANT, PUB, ALE HOUSE

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

Name: William Clarke Address: ALE Gillian's House 7835 Post Rd, No. Kingstown RI 02852-4604

Dated 30 OCT 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.



MICHAEL R. MUKSIAN, JR.
Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY
File Date:
Check No.: OCT 30 2001
By: CC# 273055

By: [Signature]
PRESIDENT
Title

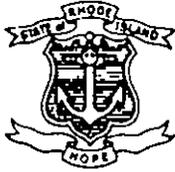
Form No. 632
Revised 01/99

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

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 97141

Annual Report for the year 2000

1. The name of the limited liability company is:

Morris Jones, LLC

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

102 BEACON DRIVE  
Heritage Hills - North Kingstown, RI 02852-4604

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: MICHAEL R. MUKSIAN, JR.

MICKEY'S TAVERN 7835 POST ROAD NORTH KINGSTOWN RI 02852

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: Michael R. Muksián Jr., <sup>Heritage Hills</sup> 102 Beacon Drive

North Kingstown, RI 02852-4604

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

state: Property is used as a rental for a Tavern Restaurant Pub Bu

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

Name	Address
<u>Michael R. Muksián Jr.</u>	<u>102 Beacon Dr., Heritage Hill - North Kingstown RI 02852-4604</u>

Dated 10-5-2000

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.

MORRIS JONES LLC

Exact Name of Limited Liability Company



9 7 1 4 100 107 20 11

**FILED**

FOR SECRETARY OF STATE USE ONLY

File Date: OCT 05 2000

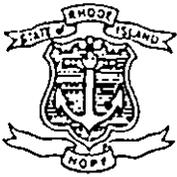
Check No.: By 601488

By:

By: [Signature]  
President, VP, Secy, Treas.  
Title

Filing Fee: \$50.00

To be filed annually between September 1 and November



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 97141

Annual Report for the year 1999

1. The name of the limited liability company is:

MORRIS JONES LLC

2. The address of the principal office of the limited liability company is: MORRIS JONES, LLC

7835 Post Road, North Kingstown RI 02852 1/4 MICKEY'S TA

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: MICHAEL R. MUKSIAN JR.

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: MORRIS JONES, LLC 1/4 MICKEY'S TAVERNA

MICHAEL R. MUKSIAN JR. 7835 POST ROAD NORTH KINGSTOWN, RI 028

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Owning the property (at above address) and rents it to MTD Inc (aka Mickey's). NO RENT HAS BEEN PAID AS OF THIS DATE

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

Name

Address

[Signature]

Dated 8/31 1999

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.

FILED

AUG 31 1999

By [Signature] 29583

MORRIS JONES LLC

Exact Name of Limited Liability Company

[Signature]

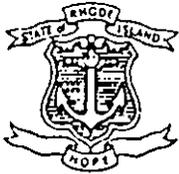
By

PRES. VIP, SECRET, + TREAS.

Title

Filing Fee: \$50.00

To be filed annually between September 1 and November



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 97141

Annual Report for the year 1998

- 1. The name of the limited liability company is: MORRIS JONES LLC
2. The address of the principal office of the limited liability company is: 7835 POST ROAD NORTH KINGSTOWN RI 02852 % MICKEY'S TAVERN
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: MICHAEL R. MUKSIAN, JR.

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: MORRIS JONES LLC % MICKEY'S TAVERN 7835 Post Rd., North Kingstown RI 02852 \* Michael R. Muxsian MUKSIAN

6. A brief statement of the character of the business in which the limited liability company is actually engaged in the state: Owns the property at above address and rents it to WJOJO INC. DBA MICKEY'S TAVERN. NO RENT REC

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

Table with 2 columns: Name, Address. Entry: Michael R. Muxsian, Jr. [Signature]

Dated 8/31, 1999

Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

FILED AUG 31 1999 By 224533

MORRIS JONES, LLC Exact Name of Limited Liability Company By Michael R. Muxsian Jr PRES., VICE PRES., SECRET., + TRE Title