

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

<i>I. ID No.</i> 136743	JSMCO, LLC	name of the limited liabilty company O, LLC					
3. State of Formation	n 4. Brief descri	ption of the character of the	husiness which is actually conduct	ed in Rhode Island			
			DEVELOPMENT, MAINTENANCE OF REAL PROPERTIES, AND AND DESCRIPTIONS				
5. Principal office a 17 PECKHAM			City BRISTOL	State RI	<i>Zip</i> 02809-		
6. MAILING AI Contact Name JOHN S MILL		LIABILITY COMPA	NY AND NAME OR TITLI *Contact Title : MANAGER	E OF CONTACT PER	RSON:		
ircei Address			City	State	Zip		
17 PECKHAM I	DRIVE		.BRISTOL	RI	02809-		
Munuger Nume  JOHN S. MILLS  Street Address			• Manager Name • • • • • Street Address				
Street Address			· Street Address				
			•				
Cıty	State	Zip	City	State	Zip		
17 PECKHAM  City  BRISTOL  Manager Nume		Zip 02809	City Manager Name	State	Zip		
City BRISTOL Manager Nume	State	1 '		State	Zip		
City BRISTOL Manager Name Sireci Address	State	1 '	Manager Name	State	Zip		
City BRISTOL Manager Nume Sirect Address City  8. RESIDENT AC	State RI State	02809   Zip	*Manager Name  *Sircei Address	State	Zip		
City BRISTOL Manager Nume Sirect Address City B. RESIDENT Address	State RI State SENT IN RHODE ISLA	02809   Zip	Manager Name Sircel Address City anges require filling of	State	Zip		
City BRISTOL Manager Nume Sircei Address City	State RI State SENT IN RHODE ISLA	02809   Zip	**Manager Name  **Street Address  *City  anges require filing of Address	State Form 642 - R.I.G.L., 7-	Zip		

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



*136743 DLI	LC 09/07/05 11:20:27 AM*
File Date	119905
Check No	12417
897	CXC
FOR SECRETAI	RY 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.

Synature of Authorized Person

Sep 29 2008

JOHN S. MILLS

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

Matthew A. Brown, Secretary of State

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_\_\_2004

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(FORM MUST BE TYPED (	DR PRINTED IN BLACK)							
1. ID No.	Exact name of the limited liability company							
136743	JSMCO, LLC							
3. State of Formation	4. Brief description	of the character of the business	which is actually conducted in	bich is actually conducted in Rhode Island evelopment, maintenance of real properties,				
RHODE ISLAND			kinds:and-descri		al propertie	·S,		
5. Principal office address			City	Sinc	Zip			
500 Wood Str	eet, Building l	5	Bristol	RI	028	09		
6. MAILING ADDRES	S OF LIMITED LIABIL	ITY COMPANY AND NA	ME OR TITLE OF CONTA	ACT PERSON:	•			
Contact Name			Contact Title	•				
John S. Mill	S		Manager	Manager				
Street Address			City	State	Zip	<del></del>		
500 Wood Str	eet, Building l	5	Bristol	RI	028	09		
7. NAME AND ADDR	ESS OF EACH MANAG	ER OF THE LIMITED LI	ABILITY COMPANY, IF A	APPLICABLE	•			
	FILL IN SPA	CES BEFORE USING AT	TACHMENTS ("X" BOX	X FOR ATTACHMENT				
ANY	MODIFICATIONS TO	MANAGERS REQUIRES	FILING OF AMENDMEN	T. R.I.G.L. 7-16-12 (:	a) (2) / 7-16-52			
Manager Name			Manager Name	Manager Name				
John S. Mill	S							
Street Address			Street Address			_		
500 Wood Str	eet, Building l	5						
Chy Bristol	State RI	Zip 02809	City	State	Zip			
		02009	:		<u> </u>			
Manager Name			Manager Name					
Process A. I. I.		<u> </u>	<del></del> ;	<u></u>				
Street Address			Street Address					
Citi	Ia.			<del></del>				
City	State	Zip	City	State	Zip			
8 RESIDENT AGENT	IN PRODECTIONS	OO NOT ALTER Chan-	: ges require filing of Fo	   (42   D.C. 7				
Agent Name	in Knobl, ISLAND	DO NOT ALTER - CHAN	Address	riii 042 - R.I.G.I,. /-;	10-11			
<b>n</b> .			7,007,5					
STEVEN M. MCINNIS, I	FSQ		_					
Address			City	Zip				
38 BELLEVUE AVENU	<u> </u>		NEWPORT	02840-				
-		<del></del>						

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



File Date 10/29/04
Check No. 12019
By:
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

JOHN S. MILLS

Print or Type Name of Authorized Person