



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. 136743		2. Exact name of the limited liability company JSMCO, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island THE PURCHASE, OWNERSHIP, DEVELOPMENT, MAINTENANCE OF REAL PROPERTIES, AND IMPROVEMENTS OF ALL KINDS AND DESCRIPTIONS			
5. Principal office address 17 PECKHAM DRIVE		City BRISTOL	State RI	Zip 02809-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name JOHN S. MILLS Contact Title MANAGER					
Street Address 17 PECKHAM DRIVE		City BRISTOL	State RI	Zip 02809-	
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 JOHN S. MILLS		• Manager Name .			
Street Address 17 PECKHAM DRIVE		• Street Address .			
City BRISTOL	State RI	Zip 02809	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 STEVEN M. MCINNIS, ESQ.		Address 38 BELLEVUE AVENUE			
Address .		City NEWPORT		Zip 02840-	

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



1 3 6 7 4 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.

Signature of Authorized Person  
Date  
Sep 29 2005  
JOHN S. MILLS  
Print or Type Name of Authorized Person

\*136743 DLLC 09/07/05 11:20:27 AM\*

File Date 11-14-05

Check No. 12417

By: CXC

FOR SECRETARY OF STATE USE ONLY



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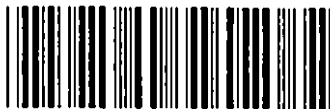
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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island The purchase, ownership, development, maintenance of real properties, and improvements of all kinds and descriptions.	
5. Principal office address 500 Wood Street, Building 15		City Bristol	State RI
		Zip 02809	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name John S. Mills		Contact Title Manager	
Street Address 500 Wood Street, Building 15		City Bristol	State RI
		Zip 02809	
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 John S. Mills		Manager Name	
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City Bristol	State RI	City	State
	Zip 02809		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
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John S. Mills Sept 10 2004  
Signature of Authorized Person Date

JOHN S. MILLS

Print or Type Name of Authorized Person

File Date	10/29/04
Check No.	12019
By:	W.
FOR SECRETARY OF STATE USE ONLY	