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

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

# 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 I. ID No. 102754 E.J.A. Development, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation OWNING, MANAGING AND SELLING REAL ESTATE **RHODE ISLAND** State 5. Principal office address 02886 RI 1346 Bald Hill Road Warwick 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title JONATHAN N SAVAGE City State Zip Street Address RI 02903 . PROVIDENCE 86 WEYBOSSET STREET 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 None Street Address Street Address City State Zip State Zio Manager Name Manager Name Street Address ·Street Address City .City State State Zip 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER-Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address JONATHAN N. SAVAGE, ESQ 86 WEYBOSSET STREET

City

PROVIDENCE

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



Address

*102754 DILC 10/03/03 12:05:43 AM*  File Date 7 - 29-05
Check No. 1099
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.

Zip

02903

Signature of Authorized Person - Bate V --

Sheree Kaplan Allen, Member



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 2004

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

(FORM MUST BE TYPED OR P		•	30.00				
7. ID No. 2. Exam 102754 E.J.A	ct name of the limits A. Development	ed liabilly company					
3. State of Formation	4. Brief description	n of the character of ti	e husiness which is actually conducted	in Rhode Island			
RHODE ISLAND  OWNING, MANAGING AND SELLING  5. Principal office address  1346 Bald Hill Road			LING REAL ESTATE	ING REAL ESTATE			
			Cii, Warwick	Siate RI	<i>Zip</i> 02886		
6: MAILING ADDRESS Contact Name JONATHAN N SAVAGE	of Limited L	iability comp	ANY AND NAME OR TITLE  Contact Title  Attorney	of contact ter	SON		
Street Address			City	State	Zip		
86 WEYBOSSET ST.			PROVIDENCE	RI	02903		
	FILL IN SPA	CES BEFORE USIN	LIMITED LIABILITY COM G ATTACHMENTS CX BOX A UIRES FILING OF AMENDMENT. I	ORATTACIIMENT) 🛚	Same and the second of the second		
•			• Manager Nume	•			
None			<u></u>		<b>.</b> .		
Street Address		•	• Street Address		•		
City	State	Zip	*City	State	Zip		
Manager Name	1	l	*Manager Nume			• • • •	
Street Address			-Street Address		·. ·		
City	State	Zip	City	State	Zip		
Agent Name	antikan erisik adilahin	-DO NOT ALTER- C	Address	i e comi si viva nastrona mino est.	i6:11		
JONATHAN N. SAVAG	E, ESQ		86 WEYBOSSET S	TREET			
Address			Criv	Z	Zip .		
			PROVIDENCE		02903		

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



Check No. OCT 0 7 2004	*102754 DL	LC 10/03/98/08:08:3373M*	$\neg$
		M. D. Com San	
- \\	Check No.	OCT 0 7 2004	
ByM47083 GA	Bv;	By/147083	QW

BECEIVED TATE SCORPORATIONS DIV

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.

There	Carl	-000-	21 Se	of d	<u>54</u>	1
Signature of Authorized	d Person	Date	,		_	

Sheree Kaplan Allen, Member

Print or Type Name of Authorized Person



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

## 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) 2. Exact name of the limited liabilty company I. ID No. 102754 E.J.A. Development, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation OWNING, MANAGING AND SELLING REAL ESTATE **RHODE ISLAND** 5. Principal office address City 1346 Bald Hill Road Warwick RI 02886 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title JONATHAN N SAVAGE Street Address State Zip RI 86 WEYBOSSET ST. PROVIDENCE 02903 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) NY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name ·Manager Name None Street Address · Street Address State Cin Zip State Zio °City Manager Name Manager Name Street Address ·Street Address City City Mate State 8. RESIDENT AGENT IN RHODE ISLAND-DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 igent Name Address JONATHAN N. SAVAGE, ESQ. 86 WEYBOSSET STREET Address Cin Zip **PROVIDENCE** 02903 This report must be signed in ink by an authorized person pursuant to 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. \*102754 DLLC 10/03/03 12:05:43 AM\* File Date C8999 Signature of Authorized Rerson Check No. Sheree Kaplan Allen, Member Print or Type Name of Authorized Person

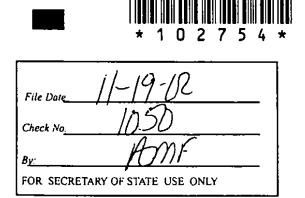


Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: Septe	mber 1 -	November 1 •	Filing Fee: \$50.00				
(FORM MUST BE TYPE							
1. ID No. 2. Exact name of the limited liabilty company							
102754	1	evelopment, LLC					
3. State of Formation 4. Brief description of the character of the bus			of the character of the busin	ness which is actually conducted in R	hode Island		
RHODE ISLAND OWNING, MANAGING AND SELLING R				AL ESTATE			
5. Principal office address				City	State	Zip	
1346 Bald Hill Road				Worwick	RI	02886	
6. MAILING ADDI	RESS O	F LIMITED LIA	BILITY COMPANY	AND NAME OR TITLE OF	CONTACT P	ERSON:	
Contact Name		-		Contact Title	<u> </u>		
Jona than	n. 8	savage		· Attorney			
Street Address	1 .	- 4		City	State	Zip	
86 Weyboss	iet S	street		Providence	RI	·   <i>\O</i> 2903	
7. NAME AND ADD		FILL IN SPACE	S BEFORE USING ATT	ED LIABILITY COMPANY. FACHMENTS ("X" BOX FOI FILING OF AMENDMENT. R.I.G	R ATTACHMENT	<b>r</b> []	
Manager Name			•	•Manager Name			
None.				•			
Street Address			*Street Address	<del></del> _	-		
				•			
City		State	Zip	*City	State	Zip	
Manager Name				Manager Name			
Street Address				*Street Address		<u></u>	
City		State	Zip	City	State	Zip	
			. }	•			
	T IN RI	ODE ISLAND-	O NOT ALTER- Chang	ges require filing of Forn	n 642 - R.I.G.L	7-16-11	
Agent Name	1,131	i jal		Address	<del></del>		
JONATHAN N. SAVAG	E, ESQ		•				
Address			City Zip		Zip		
86 WEYBOSSET STREET			PROVIDENCE 02903		02903		

This report must be signed in ink by an authorized person pursuant to 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.

Signature of Authorized Person Date

Sheree Kaplan Allen, Print or Type Name of Authorized Person

Member

**€**> :



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	1027	<b>34</b>

טו	Number DLLC 102754	Annual Report for the year 2001
1.	The name of the limited liability compa	ny is:
	E.J.A. Development, LLC	
2.	The address of the principal office of the 1346 Bald Hill Road, Warw	
2		e laws of which it is formed is RHODE ISLAND
<ol> <li>4.</li> </ol>	•	agent is: JONATHAN N. SAVAGE, ESQ
<b>→.</b>	86 WEYBOSSET STREET PROVIDE	
5.	The current mailing address of the limit	ited liability company and the name or title of a person to whom communications
	may be directed are: <u>c/o Jonathan</u> RI 02903	N. Savage, 86 Weybosset Street, Providence,
<b>6</b> .	state: owning, managing and s	the business in which the limited liability company is actually engaged in this elling real estate, and any other lawful activity
7.	If the limited liability company has mar Name  None	nagers, the name and address of each manager of the limited liability company  Address
	Notice	
Da	ated	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.  E.J.A. Development, LLC  Exact Name of Limited Liability Company
	FOR SECRETARY OF STATE USE ONLY Date: 2-2802 eck No.:	By Share layden alle, mener  Sheree Kaplan Allen, Member  Title
By:	1030	Form No. 632 Revised 01/99

To be filed annually between September 1 and November 1

Filing Fee: \$50.00



Revised: 01/99

## 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 102754	Annual Report for the year 2000		
1.	The name of the limited liability compan	y is:		
	E.J.A. Development, LLC	·		
2.	The address of the principal office of the	e limited liability company is:		
	705 Elmwood Avenue, Providenc	e, RI 02907		
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: Jonathan N. Savage, 86 Weybosset Stree				
	Providence, RI 02903			
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:	c/o Jonathan N. Savage, 86 Weybosset Street, Providence,		
	Rhode Island 02903			
_		the state of the s		
6. A brief statement of the character of the business in which the limited liability company is actually eng state: owning, managing and selling real estate, and any other lawful activity				
	state: owning, managing and se	elling real estate, and any other lawful activity		
7.	If the limited liability company has mana	igers, list the name and address of each manager:		
	Name	Address		
	Sheree Kaplan Allen	705 Elmwood Avenue, Providence, RI 02907		
		<u> </u>		
		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.		
Da	te: 9/5/00	E.J.A. Development, LLC		
<b>-</b>		Exact Name of Limited Liability Company		
	9-6-00	By Shere Kaplan, manager		
	24196	Sheree Kaplan Allen, Manager		
For	M No. 632	Tille		



### 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

1 -							
1.	The name of the limited liability company is	• :					
_	E.J.A. Development, LLC						
2. 1	The address of the principal office of the limited liability company is:  705 Elmwood Avenue, Providence, RI 02907						
3. 1	The state or other jurisdiction under the laws	s of which it is formed is Rhode Island					
4. The name and address of its resident agent is: Jonathan N. Savage, One BankBoston Plaza							
	Providence, RI 02903						
5. 1	The current mailing address of the limi	ited liability company and the name or tille of a person to whom					
C	communications may be directed are:c/c	Jonathan N. Savage, 86 Weybosset Street,					
_	Providence, RI 02903						
6. A brief statement of the character of the business in which the limited liability company is actually engage							
s	state: owning, managing and sellir	ng real estate, and any other lawful activity					
		s, list the name and address of each manager:					
	Name	Address 5 5 5 M					
	Sheree Kaplan Allen	705 Elmwood Avenue, Providence, RI 0290					
-		8 "					
-	PAID						
	JUL 2 6,2000 SEC'Y OF STATES	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	18 July 2000	E.J.A. Development, LLC					
		Exact Name of Limited Liability Company					
		By Sheele Kaplon allen, manager					
		Sheree Kaplan Allen, Manager					