



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. 102754		2. Exact name of the limited liability company E.J.A. Development, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING, MANAGING AND SELLING REAL ESTATE	
5. Principal office address 1346 Bald Hill Road		City Warwick	State RI
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JONATHAN N SAVAGE		Contact Title	
Street Address 86 WEYBOSSET STREET		City PROVIDENCE	State RI
		Zip 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) <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 None		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 JONATHAN N. SAVAGE, ESQ		Address 86 WEYBOSSET STREET	
Address		City PROVIDENCE	Zip 02903

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



1 0 2 7 5 4

\*102754 DLIC 10/03/03 12:05:43 AM\*

File Date 9-29-05

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.

Sheree Kaplan Allen 9/29/05  
Signature of Authorized Person Date

**Sheree Kaplan Allen, Member**  
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 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 PRINTED IN BLACK)

1. ID No. 102754		2. Exact name of the limited liability company E.J.A. Development, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING, MANAGING AND SELLING REAL ESTATE	
5. Principal office address 1346 Bald Hill Road		City Warwick	State RI
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JONATHAN N SAVAGE		Contact Title Attorney	
Street Address 86 WEYBOSSET ST.		City PROVIDENCE	State RI
		Zip 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 <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 None		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• 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 JONATHAN N. SAVAGE, ESQ		Address 86 WEYBOSSET STREET	
Address		City PROVIDENCE	Zip 02903

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



1 0 2 7 5 4

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.

*Sheree Kaplan Allen* 21 Sept 04  
Signature of Authorized Person Date  
Sheree Kaplan Allen, Member  
Print or Type Name of Authorized Person

\*102754 DLLC 10/03/04 10:06:43 AM\*

File Date

OCT 07 2004

Check No.

By:

By M47083 GAA

FOR SECRETARY OF STATE USE ONLY



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 2003**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 102754		2. Exact name of the limited liability company E.J.A. Development, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING, MANAGING AND SELLING REAL ESTATE	
5. Principal office address 1346 Bald Hill Road		City Warwick	State RI
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JONATHAN N SAVAGE		Contact Title	
Street Address 86 WEYBOSSET ST.		City PROVIDENCE	State RI
		Zip 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) <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 None		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 JONATHAN N. SAVAGE, ESQ		Address 86 WEYBOSSET STREET	
Address		City PROVIDENCE	Zip 02903

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



1 0 2 7 5 4

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, Member  
Print or Type Name of Authorized Person

*102754 DLLC 10/03/03 12:05:43 AM*	
File Date	10/16/03
Check No.	1070 C8999
By:	KML
FOR SECRETARY OF STATE USE ONLY	

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

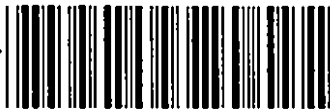
2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 102754		2. Exact name of the limited liability company E.J.A. Development, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING, MANAGING AND SELLING REAL ESTATE	
5. Principal office address 1346 Bald Hill Road		City Warwick	State RI
Zip 02886			
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Jonathan N. Savage		Contact Title Attorney	
Street Address 86 Weybosset Street		City Providence	State RI
Zip 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) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name None		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Manager Name	Manager Name		
Street Address	Street Address		
City	State	Zip	City
State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L 7-16-11			
Agent Name JONATHAN N. SAVAGE, ESQ		Address	
Address 86 WEYBOSSET STREET		City PROVIDENCE	Zip 02903

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



\* 1 0 2 7 5 4 \*

File Date

11-19-02

Check No.

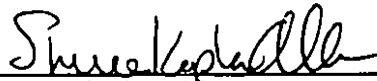
1050

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.



05.30.2002

Signature of Authorized Person

Date

Sheree Kaplan Allen, Member

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 102754

Annual Report for the year 2001

1. The name of the limited liability company is:

E.J.A. Development, LLC

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

1346 Bald Hill Road, Warwick, RI 02886

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, ESQ

86 WEYBOSSET STREET 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,

RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: owning, managing and selling real estate, and any other lawful activity

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

None

Dated \_\_\_\_\_



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

By

Sheree Kaplan Allen, member

Sheree Kaplan Allen, Member

Title

FOR SECRETARY OF STATE USE ONLY  
File Date: 2-28-02

Check No.: 1035

By: [Signature]

Form No. 632  
Revised 01/99

**DETACH BOTTOM BEFORE RETURNING**

Please detach and mail the above section with payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040 or by visiting our web site at www.state.ri.us

To be filed annually between  
September 1 and November 1



Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

ID Number 102754

Annual Report for the year 2000

1. The name of the limited liability company is:  
E.J.A. Development, LLC
2. The address of the principal office of the limited liability company is:  
705 Elmwood Avenue, Providence, 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 Street,  
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
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: owning, managing and selling real estate, and any other lawful activity
7. If the limited liability company has managers, list the name and address of each manager:

**Address**

**Sheree Kaplan Allen**

705 Elmwood Avenue, Providence, RI 02907

Date: 9/5/00

E.J.A. Development, LLC

**Exact Name of Limited Liability Company**

By Sherree Kaplan, manager  
Sherree Kaplan Allen, Manager  
 Title

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

LIMITED LIABILITY COMPANY

ID Number 102754

Annual Report for the year 1999

1. The name of the limited liability company is:

E.J.A. Development, LLC

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

705 Elmwood Avenue, Providence, 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, One BankBoston Plaza

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, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: owning, managing and selling real estate, and any other lawful activity

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

Name

Address

Sheree Kaplan Allen

705 Elmwood Avenue, Providence, RI 02907

PAID

JUL 26 2000

SEC'Y OF STATE

Date: 18 July 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.

E.J.A. Development, LLC

Exact Name of Limited Liability Company

By Sheree Kaplan Allen, manager

Sheree Kaplan Allen, Manager

Title