



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. 99959		2. Exact name of the limited liability company One Jake's Way, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, DEVELOP, MANAGE, RENT, LEASE, SELL 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) <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	State	Zip	State
Manager Name	Manager Name	Manager Name	Manager Name
Street Address	Street Address	Street Address	Street Address
City	State	Zip	City
State	State	Zip	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 86 WEYBOSSET STREET	
Address		City PROVIDENCE	Zip 02903

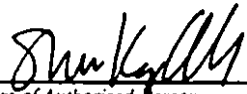
This report must be signed in ink by an authorized person pursuant to 7-16-66.



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*99959 DLLC 09/07/03 11:56:57 AM*	
File Date	9-29-05
Check No.	1989
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.

 9/16/05  
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  
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100 North Main Street, Providence, RI 02903-1335  
401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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		Zip 02886-	
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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	Zip	City
State	State	Zip	State
Manager Name	Manager Name	Manager Name	Manager Name
Street Address	Street Address	Street Address	Street Address
City	State	Zip	City
State	State	Zip	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 86 WEYBOSSET STREET	
Address		City PROVIDENCE	Zip 02903

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



9 9 9 5 9

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

\*99959 DLLC 09/07/04 11:56:57 AM\*  
FILED  
File Date  
OCT 07 2004  
Check No  
By: [Signature]  
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. 99959		2. Exact name of the limited liability company One Jake's Way, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, DEVELOP, MANAGE, RENT, LEASE, SELL 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) <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.



9 9 9 5 9

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

*99959 DLLC 09/07/03 11:56:57 AM*	
File Date	10/8/03
Check No.	1652
By:	Kme
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. <b>99959</b>		2. Exact name of the limited liability company <b>One Jake's Way, 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>ACQUIRE, DEVELOP, MANAGE, RENT, LEASE, SELL REAL ESTATE.</b>	
5. Principal office address <b>1346 Bald Hill Road</b>		City <b>Warwick</b>	State <b>RI</b>
		Zip <b>02886</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Jonathan N. Savage</b>		Contact Title <b>Attorney</b>	
Street Address <b>86 Weybosset Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02903</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) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name <b>None</b>		• Manager Name	
Street Address		• Street Address	
City	State	Zip	City
State	State	Zip	State
Manager Name	Manager Name	Manager Name	Manager Name
Street Address	Street Address	Street Address	Street Address
City	State	Zip	City
State	State	Zip	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 <b>JONATHAN N. SAVAGE, ESQ.</b>		Address	
Address <b>86 WEYBOSSET STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02903</b>

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



\* 9 9 9 5 9 \*

File Date <b>11-19-02</b>
Check No. <b>1509</b>
By: <b>AMF</b>
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**, **Feb 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 99959

Annual Report for the year 2001

1. The name of the limited liability company is:

One Jake's Way, 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: acquire, develop, manage, rent, lease and sell real estate

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

Name

Address

None

Dated

2/5/02

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.

One Jake's Way, LLC

Exact Name of Limited Liability Company



FOR SECRETARY OF STATE USE ONLY	
File Date:	<b>FILED</b>
Check No.:	MAR 01 2002
By:	By <u>CE 1408</u>

By

Sheree Kaplan Allen, member

Sheree Kaplan Allen, Member

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 obtained by contacting this office at (401) 222-3040, or from our web site at [www.state.ri.us](http://www.state.ri.us)

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 99959

Annual Report for the year 2000

1. The name of the limited liability company is:

One Jake's Way, 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, 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: Jonathan N. Savage, Esq., 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: Acquire, develop, manage, rent, lease, and sell real estate

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

*Name*

*Address*

N/A

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: July 30, 2001

One Jake's Way, LLC

*Exact Name of Limited Liability Company*

By

Sheree Kaplan Allen, me

Sheree Kaplan Allen, Member

*Title*

8.9-01  
CR# 1321  
re

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 LL 99959

Annual Report for the year 1999

1. The name of the limited liability company is:  
One Jake's Way, 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, ESQ.  
SHECHTMAN & HALPERIN 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: Ms. Sheree Kaplan, Member, 705 Elmwood Avenue, Providence, RI 02907
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: acquire, develop, manage, rent, lease, sell real estate.
7. If the limited liability company has managers, the name and address of each manager of the limited liability company  

Name	Address
<u>N/A</u>	

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.

One Jake's Way, LLC

Exact Name of Limited Liability Company

By

Sheree Kaplan  
Sheree Kaplan, Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 2-28-00

Check No.: 1107

By: AMF