

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

TED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

99959 One 3. State of Formation RHODE ISLAND 5. Principal office address 1346 BALD HILL RO 6. MAILING ADDRESS Contact Name JONATHAN N SAVAGE Street Address 86 WEYBOSSET STREE	act name of the lime Jake's Way, I shall be J	nited liability company LLC nion of the character of the DEVELOP, MANAGE	he business which is actually conducted, RENT, LEASE, SELL REA City WARWICK		Zip		
3. State of Formation RHODE ISLAND 5. Principal office address 1346 BALD HILL RO 6. MAILING ADDRESS Contact Name JONATHAN N SAVAGE Street Address 86 WEYBOSSET STREE	4. Brief descrip ACQUIRE, AD OF LIMITED	tion of the character of the DEVELOP, MANAGE	City WARWICK	L ESTATE. State	I *		
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6. MAILING ADDRESS Contact Name JONATHAN N SAVAGE Street Address 86 WEYBOSSET STREE	OF LIMITED	LIABILITY COMP		IRI			
Contact Name JONATHAN N SAVAGE Street Address 86 WEYBOSSET STRE		LIABILITY COMP			02886		
JONATHAN N SAVAGE Street Address 86 WEYBOSSET STREE				OF CONTACT PE	RSON:		
Street Address 86 WEYBOSSET STRE	<u></u>			Contact Title			
86 WEYBOSSET STRE			ATTORNEY		To:		
	EΤ		City PROVIDENCE	State RI	<i>Zip</i> 02903		
		ANACED OF THE	LIMITED LIABILITY COM				
A. WARIE AND ADDRES			G ATTACHMENTS ("X" BOX				
ANY			UIRES FILING OF AMENDMENT.				
Manager Name			• Manager Name				
None			•	•			
Street Address		•	*Street Address	Street Address			
			•				
City	State	Zip	*City	State	Zip		
Manager Name			*Manager Name				
0			•				
Street Address			·Street Address				
			•				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN	RHODE ISLAN	D - DO NOT ALTER- C	hanges require filing of F	orm 642 - R.I.G.L.:	7-16-11		
Agent Name	· · · · · · · · · · · · · · · · · · ·		Address				
JONATHAN N. SAVAG	SE, ESQ.		86 WEYBOSSET S	86 WEYBOSSET STREET			
Address			City				
			PROVIDENCE	PROVIDENCE 02903			
	••						

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



99959 DLLC 09/07/03	11:56:57 AM
File Date 9-29-1	<u> </u>
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.

Sheree Kaplan Allen, Member



Matthew A. Brown, Secretary of State Corporations Division
100 North Main Street, Providence, RL 02903-1335
401-222-3040

2004

Filing Period: S	September 1	- November 1 •		NUAL REPORT FO	OR THE YEA	R 2004		
1 ID No	2 Exac	PRINTED IN BLACK) ict name of the limited habilis company						
99959 3 State of Formati	- · · · · - , ·			e business which is actually conducted	Co. Dlanti Librat			
RHODE ISLAND **Brief description of the character of the ACQUIRE, DEVELOP, MANAGE,			·					
5 Pencipal office 1346 BALD		L D		Coy WARWICK	State RI	<i>Ир</i> 02886-		
6. MAILING A Contact Name JONATHAN N		of Limited Lia	BILITY COMP	Contact Title ATTORNEY	OF CONTACT PER	SON:		
Street Address 86 WEYBOSS	ET STREE	r		Cay: PROVIDENCE	State RI	<i>Σιρ</i> 02903-		
7. NAME AND	· .	FILL IN SPACE	ES BEFORE USIN	LIMITED LIABILITY COM G APIACHMENTS — ("X" BOX I STRES FILING OF AMENDMENT. 1	FOR ATTACHMENT)			
Manager Name None				•Manager Name •				
Street Address			 	• Sweet Address				
City		State	Zip	*Ctty	State	Zιp		
Manager Name		1		Manager Name				
Stroet Address				• Street Address	·			
City		State	Zιρ	,Cin	State	Zip		
Agent Name JONATHAN Address				hanges require filing of F 4ddress 86 WEYBOSSET S	TREET			
,4461755				PROVIDENCE		9903 02903		
*99959 DLL(9 9	d in ink by an an	thorized person	this report, including		REOFIVED REOFITABLOF STATE ODREOF ATTOMS DIV irm that I have examined chedules and statements, e true and correct		
Check No. DCT 0 7 2004			Show Kall 24 Sept. 04 Signature of Authorized Person Date					
FOR SECRETARY OF STATE USE ONLY COM					Sheree Kaplan Allen, Member Print or Type Name of Authori, ed Person			
PUR SECRETAL	CI OF STALE	USE UNIS				Form 632 Rev. 6		



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) I. ID No. 2. Exact name of the limited liabilty company 99959 One Jake's Way, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, DEVELOP, MANAGE, RENT, LEASE, SELL REAL ESTATE. RHODE ISLAND 5. Principal office address City Zip 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 ATTORNEY Sircei Address City State Zip 86 WEYBOSSET STREET . PROVIDENCE RI 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 ·Manager Name None Street Address · Street Address City State Zip *City State Zip Manager Name Manager Name Street Address ·Street Address State City Cin State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.Gl., 7-16-11 Address JONATHAN N. SAVAGE, ESQ. 86 WEYBOSSET STREET Address Cin Zıp **PROVIDENCE** 02903

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



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Check No.	٦		652
By:			tmi
FOR SECRE	TARY OF	STAT	TE 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 Da

Sheree Kaplan Allen, Member

Print or Type Name of Authorized Person



Check No.

FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, R1 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR <u>2002</u>

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. 99959 One Jake's Way, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, DEVELOP, MANAGE, RENT, LEASE, SELL REAL ESTATE. **RHODE ISLAND** State 5. Principal office address 1346 Bald Hill Road RΙ 02886 Warwick 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <u>Jonathan</u> Street Address City 86 Weybosset *0290*3 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ACTACHMENTS ("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 Sireei Address Street Address City *City State Zip State Manager Name Manager Name Street Address Street Address State Zip City State .City 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 lgent Name Address JONATHAN N. SAVAGE, ESQ. Zip Address **PROVIDENCE 86 WEYBOSSET STREET** 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.

Sheree Kaplan Allen,
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 N	umber	DL	LC	99	959
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Annual Report for the year 2001

טו	Number DEEC 93933	Annual Report for the year 2001				
1.	The name of the limited liability company is	is:				
	One Jake's Way, LLC	Set .				
2.	The address of the principal office of the li	imited 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	E RI 02903				
• 5.	The current mailing address of the limited	I liability company and the name or title of a person to whom communicatio				
	may be directed are: c/o Jonathan N.	. Savage, 86 Weybosset Street, Providence,				
	RI 02903					
6.		e business in which the limited liability company is actually engaged in the				
.		, rent, lease and sell real estate				
7.		ers, the name and address of each manager of the limited liability company Address				
	None					
Da	ted <u>2/5/02</u>	Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, a				
		that all statements contained herein are true and correct.				
		One Jake's Way, LLC Exact Name of Limited Liability Company				
		Exact Name of Chimed Clabinty Company				
File	FOR SECRETARY OF STATE USE ONLY Date:	By Sheeilyhaller, more				
	1 .	Sheree Kaplan Allen, Member				
D	ck Note MAR 0 1 2002) 11 18 8	Title Form No. 632				
By:	By	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	99959	<u>—</u>	Annual Report for the year _	2000	
1.	The nam	e of the limite	d liability company is	S:		
	One J	ake's Way,	LLC			
2.		·	ncipal office of the lin	nited liability company is:		
3.	The state	e or other juris	diction under the law	s of which it is formed is: Rhode Island		
4. The name and address of its resident agent is:Jonathan N. Savage, 86 Weybosset Street					reet,	
	Provi	dence, RI	02903		<u> </u>	
¹ 5.	The cur	rent mailing	address of the lim	nited liability company and the name or title of a	person to whom	
	commun	ications may l	oe directed are: <u>Jor</u>	nathan N. Savage, Esq., 86 Weybosset Stree	et,	
	Provi	dence, RI	02903			
6.	and the same of th					
	state:	Acquire,	develop, manage	, rent, lease, and sell real estate		
7.	If the lim	ited liability co	mpany has manage	rs, list the name and address of each manager:		
		Name		Address		
	N/A	······································				
						
		<u>-</u>				
				Under penalty of perjury, I declare and affirm that I h report, including any accompanying schedules and that all statements contained herein are true and corre	d statements, and	
Da	te: Jul	y 30, 2001		One Jake's Way, LLC		
				Exact Name of Limited Liability Company	<u>*</u>	
	8	?.9-61 CE# L	<i>32 1</i>	By Shundaghall, ne-		
	(,,,,,	Sheree Kaplan Allen, Member		
_		\mathcal{L}	ı	Title		

Form No 632 Revised: 01/99 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

	L 1	MILE EINDIEH I COM ANT					
ID	Number <u>LL 99959</u>	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. 4.	·	der the laws of which it is formed is RHODE ISLAND ident agent is: JONATHAN N. SAVAGE, ESQ.					
5.	SHECHTMAN & HALPERIN 86 WEYBOSSET, STREET PROVIDENCE, RI 02903 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 0290						
6. 7.	state: acquire, develop, mana	he business in which the limited liability company is actually engaged in this ge, rent, lease, sell real estate. Igers, the name and address of each manager of the limited liability company Address					
Da	N/A ated * 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. One Jake's Way, LLC Exact Name of Limited Liability Company					
	FOR SECRETARY OF STATE USE ONLY Date: J-18-00 eck No.: //07 AMF	Sheree Kaplan, Member Title Form No. 632 Revised 01/99					