

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Str. Providence, RI 02903-13: 401.222.30

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

I. ID No. 2. Exact name of the limited liability company						
99759	JLJ, L.L.C.					
3. State of Formation	4. Brief descrip	4. Brief description of the character of the husiness which is actually conducted in Rhode Island				
RHODE ISLAND	REAL ESTA	ITE DEVELOPMENT AND IN	IVESTMENT			
5. Principal office addi	ress	••	City	State	Zip	
2440 Mendon	Road		Cumberland	RI	02864	
6. MAILING ADD	RESS OF LIMITED LIAI	BILITY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:		
Contact Name			Contact Title			
Raymond J.	Lambert		Manager			
Street Address	•	<u></u>	City	State	<i>Ζί</i> ρ 02964	
10 Jencks F	load		Cumberland	RI	02864	
A	NY MODIFICATIONS	PACES BEFORE USING A FO MANAGERS REQUIRES	S FILING OF AMENDMENT, R.	R ATTACHMENT) [] I.G.L. 7-16-12 (a) (2)) / 7-16-52	
Manager Name			Manager Name			
Manager Name Raymond J.	Lambert		Manager Name			
Raymond J. Street Address			Manager Name Street Address			
Raymond J.			<u> </u>			
Raymond J. Street Address 10 Jencks F	Road	Zip	<u> </u>	State	Zip	
Raymond J. Street Address 10 Jencks F	Road	Ζ(p 02864	Street Address	State	Zip	
Raymond J. Street Address 10 Jencks F City	Road	1 2	Street Address	State	Zip	
Raymond J. Street Address 10 Jencks F City Cumberland Manager Name	Road	1 2	Street Address City	State	Zip	
Raymond J. Street Address 10 Jencks F City Cumberland	Road	1 2	Street Address City Manager Name	State State	Zip Zip	
Raymond J. Street Address 10 Jencks F City Cumberland Manager Name Street Address City	State RI State	02864	Street Address City Manager Name Street Address City	State	Zip	
Raymond J. Street Address 10 Jencks F City Cumberland Manager Name Street Address City 8. RESIDENT AGE	State RI State	02864	Street Address City Manager Name Street Address	State	Zip	
Raymond J. Street Address 10 Jencks F City Cumberland Manager Name Street Address City 8. RESIDENT AGE	State RI State	02864	Street Address Gity Manager Name Street Address Gity nges require filing of Form 6	State	Zip	
Raymond J. Street Address 10 Jencks F. City Cumberland Manager Name Street Address City 8. RESIDENT AGE Agent Name	State RI State	02864	Street Address City Manager Name Street Address City nges require filing of Form 6 Address	State	Zip	

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

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File Date	10/14/05-99759
Check No	1443
Ву:	Cr
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this repainfulding any accompanying schedules and statements, and that all statemer contained herein are true and correct.

Barren J- Kanlt Ma 10/12/05 Signature of Authorized Person Date

Raymond J. Lambert, Manager

Print or Type Name of Authorized Person



P.O. BOX A

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

Corporations Division 100 North Main Stre Providence, RI 02903-135 401.222.30s

Matthew A. Brown, Secretary of State

LIMITED LI. Filing Period: Septen (FORM MUST BE TYPED	nber 1 - November 1	MPANY ANNU	AL REPORT FOR T	THE YEAR	2004		
1 1D No							
99759	JLJ. L.L.C.	• • •					
3. State of Formation		ion of the character of the busin	uss which is actually conducted in Rhoc	de Island			
RHODE ISLAND	REAL ESTA	ATE DEVELOPMENT AND	INVESTMENT				
5 Principal office address		·	City	State	Zip		
2440 Mendon	Road		Cumberland	RI	02864		
6. MAILING ADDRE	SS OF LIMITED LIAB	ILITY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	·		
Contact Name			Contact Title				
Raymond, J. L	ambert		Manager				
Sirect Address	· <u>-</u> -		City	State	Zip		
	FILL IN S Y MODIFICATIONS T	PACES BEFORE USING	LIABILITY COMPANY, IF APP ATTACHMENTS ("X" BOX FO ES FILING OF AMENDMENT, R Manager Name	OR ATTACHMENT)) / 7-16-52		
Street Address			Sircet Address				
10 Jencks Roa	d						
Cumberland	State RI	^{Zip} 02864	City:	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	C(ty	State	Zip		
8. RESIDENT AGEN	T IN RHODE ISLAND	DO NOT ALTER - Cha	inges require filing of Form Address	642 - R.I.G.L. 7-16-11	I		
GEORGE M. PRESCO	TT. ESO.		300 FRONT STREET	300 FRONT STREET			
Address			City	City: Zip			

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

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File Date	9	29/04	
Check No.		816	_
Ву:		DA	_
1	FOR SECRETARY	OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this repoincluding any accompanying schedules and statements, and that all statement contained herein are true and correct.

02865

Bannel J. Lande MEB Signature of Authorized Derson Date 9/21/04

Raymond J. Lambert, Manager

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 Stre Providence, RI 02903-13.

2003

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: Septe (FORM MUST BE TYPED			Filing Fee: \$50.00					
1 II) No 99759	1	me of the limited liability company I, L.L.G.						
3 State of Formation	1 1	Brief description of the character of the business which is actually conducted in Rhode Island						
RHODE ISLAND	RE	AL ESTATE D	EVELOPMENT AND IN	VESTMENT				
5 Principal office address 2440 Mendon Road				Cumberland	State RI		Zφ 02864	
6. MAILING ADDRI Contact Name Raymond J. L		TED LIABILIT	Y COMPANY AND NA	AME OR TITLE OF CONTACT Contact Title Manager	PERSON:			
Street Address 2440 Mendon	Road			Cuy Cumberland	State RI		<i>Σφ</i> 02864	
		FILL IN SPACE	ES BEFORE USING AT	IABILITY COMPANY, IF APPI TTACHMENTS - ("X" BOX FO FILING OF AMENDMENT, R	R ATTACHMENT		.52	
Manager Name Raymond J. L	ambert			Manager Name				
Street Address 10 Jencks Ro	ad			Street Address		-		
Cuy Cumberland	Sta	R1	^{Zip} 02864	City	State		Zφ	
Manager Name				Manager Name	•			
Street Address				Street Address	<u></u>			
City	Sta	le	Ζφ	Cay	State		Zıp	
Agent Name		E ISLAND - D	O NOT ALTER - Chan	ges require filing of Form (642 - R.I.G.L. 7-1	16-11		
GEORGE M. PRESCOT	IT, ESQ.		<u> </u>	300 FRONT STREET				
Address P.O. BOX A				City LINCOLN	Ζφ 02865			
						 -		

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

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*	9	9	- ()	9	*

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this repo including any accompanying schedules and statements, and that all statemer contained herein are true and correct.

Raymond J. Lambert, Manager

Print or Type Name of Authorized Person

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: Se FORM MUST BE T	YPED OR PRINTED IN BLA							
I. ID No.		2. Exact name of the limited liabilty company						
99759	JLJ, L.L.C.							
3. State of Formation	4. Brief descript	ion of the character of the bu	isiness which is actually conducted in	n Rhode Island	<u></u>			
RHODE ISLAND	REAL ESTA	TE DEVELOPMENT AND	INVESTMENT					
5. Principal office of	ddress		City	State	Zip			
2440 Mend	on Road		Cumberland	RI	02864			
6. MAILING AE	DRESS OF LIMITED	LIABILITY COMPAN	Y AND NAME OR TITLE O	OF CONTACT PERS	ON:			
Contact Name			Contact Title					
Raymond J	. Lambert		 Manager 					
Street Address			City	State	Zip			
2440 Mend	on Road		 Cumberland 	RI	02864			
		ACES BEFORE USING A	ATTACHMENTS ("X" BOX F ES FILING OF AMENDMENT. R.	FOR ATTACHMENT				
lanager Name	FILL IN SP. ANY MODIFICATIONS	ACES BEFORE USING A	ATTACHMENTS ("X" BOX F	FOR ATTACHMENT				
Aanager Name Raymond J	FILL IN SP. ANY MODIFICATIONS	ACES BEFORE USING A	ATTACHMENTS ("X" BOX F ES FILING OF AMENDMENT. R. Manager Name	FOR ATTACHMENT				
Aanager Name Raymond J Street Address	FILL IN SP. ANY MODIFICATIONS . Lambert	ACES BEFORE USING A	ATTACHMENTS ("X" BOX F ES FILING OF AMENDMENT. R.	FOR ATTACHMENT				
Aanager Name Raymond J Sircei Address 10 Jencks	FILL IN SP. ANY MODIFICATIONS . Lambert Road	ACES BEFORE USING A TO MANAGERS REQUIR	**CTIACHMENTS ("X" BOX F ES FILING OF AMENDMENT. R. **Manager Name **Street Address	FOR ATTACHMENT 1.G.L 7-16-12 (a) (2) / 7	-16-52			
Aanager Name Raymond J Street Address 10 Jencks City	FILL IN SP. ANY MODIFICATIONS Lambert Road State	ACES BEFORE USING A TO MANAGERS REQUIR	ATTACHMENTS ("X" BOX F ES FILING OF AMENDMENT. R. Manager Name	FOR ATTACHMENT				
Manager Name Raymond J Street Address 10 Jeneks City Cumberlan	FILL IN SP. ANY MODIFICATIONS Lambert Road State	ACES BEFORE USING A TO MANAGERS REQUIR	ATTACHMENTS ("X" BOX F ES FILING OF AMENDMENT. R. Manager Name Street Address City	FOR ATTACHMENT 1.G.L 7-16-12 (a) (2) / 7	-16-52			
Annager Name Raymond J Street Address 10 Jeneks City Cumberlan	FILL IN SP. ANY MODIFICATIONS Lambert Road State	ACES BEFORE USING A TO MANAGERS REQUIR	**CTIACHMENTS ("X" BOX F ES FILING OF AMENDMENT. R. **Manager Name **Street Address	FOR ATTACHMENT 1.G.L 7-16-12 (a) (2) / 7	-16-52			
Aanager Name Raymond J Street Address 10 Jencks City Cumberlan Manager Name	FILL IN SP. ANY MODIFICATIONS Lambert Road State	ACES BEFORE USING A TO MANAGERS REQUIR	ATTACHMENTS ("X" BOX F ES FILING OF AMENDMENT. R. Manager Name Street Address City	FOR ATTACHMENT 1.G.L 7-16-12 (a) (2) / 7	-16-52			
Aanager Name Raymond J Street Address 10 Jencks City Cumberlan Manager Name	FILL IN SP. ANY MODIFICATIONS Lambert Road State	ACES BEFORE USING A TO MANAGERS REQUIR	**City **Manager Name **City **Manager Name **Manager Name **Manager Name **Manager Name	FOR ATTACHMENT 1.G.L 7-16-12 (a) (2) / 7	-16-52			
Aanager Name Raymond J Street Address 10 Jencks City Cumberlan Manager Name	FILL IN SP. ANY MODIFICATIONS Lambert Road State	ACES BEFORE USING A TO MANAGERS REQUIR	**City **Manager Name **City **Manager Name **Manager Name **Manager Name **Manager Name	FOR ATTACHMENT 1.G.L 7-16-12 (a) (2) / 7	-16-52			
Raymond J Street Address 10 Jencks City Cumberlan Manager Name Street Address	Road State State	Zip 02864	**Street Address **Street Address **Street Address **Street Address **City **Street Address **Street Address	State State	Zip			
Anager Name Raymond J Street Address 10 Jencks City Cumberlan Manager Name Street Address City	Road State State	Zip 02864	**City **Manager Name **City **Street Address **Street Address **Street Address	State State	Zip			
Anager Name Raymond J Street Address 10 Jencks City Cumberlan Manager Name Street Address City	FILL IN SP. ANY MODIFICATIONS Lambert Road State State State ENT IN RHODE ISLAN	Zip 02864	**Street Address **Street Address **Street Address **City **City **City **City **City **City **Tracet Address **Street Address **Street Address	State State	Zip			
Manager Name Raymond J Street Address 10 Jencks City Cumberlan Manager Name Street Address City Street Address	FILL IN SP. ANY MODIFICATIONS Lambert Road State State State ENT IN RHODE ISLAN	Zip 02864	**Street Address **Street Address **City **Street Address City Address	State State	Zip			

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



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.

Raymond J. Lambert, Manager
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 99759	Annual Report for the year 2000					
1.	The name of the limited liability o	ompany is:					
	JLJ, L.L.C.						
2.	The address of the principal offic	e of the limited liability company is:					
	2440 Mendon Road, Cumbe	rland. RI 02864					
3.	The state or other jurisdiction und	der the laws of which it is formed is RHODE ISLAND					
4.	The name and address of its resi	ident agent is: GEORGE M. PRESCOTT					
	300 FRONT STREET P.O. BOX	A LINCOLN RI 02865					
5.	The current mailing address of the	ne limited liability company and the name or title of a person to whom communications					
	may be directed are: Raymon	may be directed are: Raymond J. Lambert, Manager					
	2440 Mendon Road, Cumbe	rland, RI 02864					
6.	A brief statement of the charact	ter of the business in which the limited liability company is actually engaged in this					
	state: Real estate dev	elopment and investment					
7.	If the limited liability company ha Name	s managers, the name and address of each manager of the limited liability company **Address**					
	Raymond J. Lambert	10 Jencks Road, Cumberland, RI 02864					
D-		I lader namely of navigns I declare and office that I have everying this					
υa	9 9 7 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. JLJ. L.L.C. Exact Name of Limited Liability Company					
	FOR SECRETARY OF STATE USE ONLY Date: SCK No.:	By Raymond J. Lamber 14 HARAGER TIBE					
By:	3	7/#e 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

ID	Number <u>LL 99759</u>	Annual Report for the year 1999				
1.	The name of the limited liability compar	ny is:				
	JLJ, L.L.C.					
2.	The address of the principal office of th	ne limited liability company is:				
	2440 Mendon Road, Cumberland	d, RI 02864				
3.	The state or other jurisdiction under the	e laws of which it is formed is RHODE ISLAND				
4.	The name and address of its resident a	agent is: GEORGE M. PRESCOTT				
	300 FRONT STREET P.O. BOX A LIN	NCOLN, RI 02865				
5.	The current mailing address of the limit	ted liability company and the name or title of a person to whom communications				
	may be directed are: Raymond J. Lambert, Manager					
	2440 Mendon Road, Cumberland	d, RI 02864				
6.		the business in which the limited liability company is actually engaged in this				
	state: <u>Real estate developme</u> r					
7.	-	agers, the name and address of each manager of the limited liability company Address				
	Raymond J. Lambert	10 Jencks Road, Cumberland, RI 02864				
Da	ted	Under penalty of perjury, I declare and affirm that I have examined this				
	# 100110 10110 10111 (EEO) 81117 1011 1001	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.				
		JLJ, L.L.Ç.				
	* 9 9 7 5 9 *	JI.J. L.L.C. Exact Name of Limited Liability Company				
	FOR SECRETARY OF STATE USE ONLY Date: 3-16-00	By Ramond J. Larribert				
	ck No.: 820/	<u> </u>				
By:		Title Form No. 632 Revised 01/99				