



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 02903-13
401.222.30

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. 99759		2. Exact name of the limited liability company JLJ, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE DEVELOPMENT AND INVESTMENT			
5. Principal office address 2440 Mendon Road		City Cumberland	State RI	Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Raymond J. Lambert		Contact Title Manager			
Street Address 10 Jencks Road		City Cumberland	State RI	Zip 02864	
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 Raymond J. Lambert		Manager Name			
Street Address 10 Jencks Road		Street Address			
City Cumberland	State RI	Zip 02864	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 GEORGE M. PRESCOTT, ESQ.			Address 300 FRONT STREET		
Address P.O. BOX A			City LINCOLN	Zip 02865	

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



File Date	10/14/05	99759*
Check No.	1443	
By:	Ch	
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 10/12/05
Signature of Authorized Person DateRaymond 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 Street
Providence, RI 02903-1332
401.222.3044

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 99759		2. Exact name of the limited liability company JLJ, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE DEVELOPMENT AND INVESTMENT			
5. Principal office address 2440 Mendon Road		City Cumberland	State RI	Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Raymond J. Lambert		Contact Title Manager			
Street Address		City	State	Zip	
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 Raymond J. Lambert		Manager Name			
Street Address 10 Jencks Road		Street Address			
City Cumberland	State RI	Zip 02864	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 GEORGE M. PRESCOTT, ESQ.			Address 300 FRONT STREET		
Address P.O. BOX A			City LINCOLN	Zip 02865	

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



* 9 9 7 5 9 *

File Date	9/29/04
Check No.	816
By:	DA
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 MEB.
Signature of Authorized Person Date 9/27/04

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 Street
Providence, RI 02903-13
401 222-30

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 99759		2. Exact name of the limited liability company JLJ, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE DEVELOPMENT AND INVESTMENT			
5. Principal office address 2440 Mendon Road		City Cumberland	State RI	Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Raymond J. Lambert		Contact Title Manager			
Street Address 2440 Mendon Road		City Cumberland	State RI	Zip 02864	
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 Raymond J. Lambert		Manager Name			
Street Address 10 Jencks Road		Street Address			
City Cumberland	State RI	Zip 02864	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 GEORGE M. PRESCOTT, ESQ.		Address 300 FRONT STREET			
Address P.O. BOX A		City LINCOLN		Zip 02865	

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



File Date	9/30/03
Check No	000267
By:	[Signature]
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 **MSA**
Signature of Authorized Person Date **09/29/03**
Raymond J. Lambert, Manager
Print or Type Name of Authorized Person



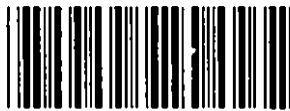
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 99759		2. Exact name of the limited liability company JLJ, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE DEVELOPMENT AND INVESTMENT	
5. Principal office address 2440 Mendon Road		City Cumberland	State RI
		Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Raymond J. Lambert		Contact Title Manager	
Street Address 2440 Mendon Road		City Cumberland	State RI
		Zip 02864	
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 Raymond J. Lambert		Manager Name	
Street Address 10 Jencks Road		Street Address	
City Cumberland	State RI	City	State
Zip 02864		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 GEORGE M. PRESCOTT, ESQ.		Address 300 FRONT STREET	
Address P.O. BOX A		City LINCOLN	Zip 02865

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



* 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.

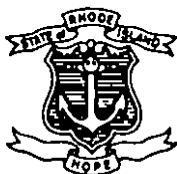
File Date	<u>10.2-02</u>
Check No.	<u>9694</u>
By:	<u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY	

Raymond J. Lambert Manager October 1, 2002
Signature of Authorized Person Date

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 company is:

JLJ, L.L.C.

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

2440 Mendon Road, Cumberland, RI 02864

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: GEORGE M. PRESCOTT

300 FRONT STREET P.O. BOX A LINCOLN RI 02865

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: Raymond J. Lambert, Manager

2440 Mendon Road, Cumberland, RI 02864

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate development and investment

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

<i>Name</i>	<i>Address</i>
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Raymond J. Lambert

10 Jencks Road, Cumberland, RI 02864

Dated September 22, 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.

JLJ, L.L.C.

Exact Name of Limited Liability Company

By

Raymond J. Lambert

MANAGER

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

9/25

Check No.:

8456

By:

2

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 LL 99759

Annual Report for the year 1999

1. The name of the limited liability company is:

JLJ, L.L.C.

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

2440 Mendon Road, Cumberland, RI 02864

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: GEORGE M. PRESCOTT

300 FRONT STREET P.O. BOX A LINCOLN, RI 02865

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: Raymond J. Lambert, Manager

2440 Mendon Road, Cumberland, RI 02864

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Real estate development and investment

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

Name

Address

Raymond J. Lambert

10 Jencks Road, Cumberland, RI 02864

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.

JLJ, L.L.C.

Exact Name of Limited Liability Company

By

Raymond J. Lambert

Manager
Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date: 3-16-00

Check No.: 8201

By: AMF