



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. 125162		2. Exact name of the limited liability company JACQUES FARM LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNERSHIP AND OPERATION OF A VINEYARD, ORCHARD, FARM AND WINERY, AS WELL AS THE SALE OF PRODUCTS.	
5. Principal office address 650 WASHINGTON HWY.		City LINCOLN	State RI
		Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joseph Raheb		Contact Title Attorney	
Street Address 650 Washington Hwy.		City Lincoln	State RI
		Zip 02865	
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		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 Joseph Raheb		Address	
Address 650 Washington Hwy.		City Lincoln	Zip 02865

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



1 2 5 1 6 2

File Date	9-29-05
Check No.	1212
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.

Signature of Authorized Person Date 9/17/05

Francis L. Jacques Member
Print or type Name of Authorized Person



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

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		Zip 02865	
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Manager Name		*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 Joseph Raheb		Address	
Address 650 Washington Hwy.		City Lincoln	Zip 02865

FILED

OCT 22 2004

BY MYK43R
cm

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



1 2 5 1 6 2

File Date _____
Check No. _____
By: _____
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.

Matthew A. Brown 9/18/04
Signature of Authorized Person Date

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 Div
100 North Main St
Providence, RI 02903-
461 222

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 125162		2. Exact name of the limited liability company JACQUES FARM LLC		
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5. Principal office address 650 Washington Hwy.		City Lincoln	State RI	Zip 02865
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Street Address 650 Washington Hwy.		City Lincoln	State RI	Zip 02865
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 Nancy Gancz-Jacques		Manager Name		
Street Address 88 Mechanic Street		Street Address		
City North Smithfield	State RI	Zip 02896	City	State
Manager Name		Manager Name		
Street Address		Street Address		
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 JOSEPH REHAB, ESQ.		Address		
Address 650 WASHINGTON HIGHWAY		City LINCOLN	Zip 02865	

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



* 1 2 5 1 6 2 *

File Date **FILED**
Check No **OCT 14 2003**
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.

[Signature] 9/22/03
Signature of Authorized Person Date
NANCY GANCZ-JACQUES
Print or Type Name of Authorized Person