



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. 125063		2. Exact name of the limited liability company JMA Realty LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN AND OPERATE REAL ESTATE			
5. Principal office address 72 TAUNTON STREET		City PLAINVILLE	State MA	Zip 02762-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOHN M ADAMS			Contact Title MANAGER		
Street Address P.O. BOX 1298		City SAGAMORE BEACH	State MA	Zip 02568	
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 JOHN M. ADAMS		Manager Name			
Street Address P.O. BOX 1298		Street Address			
City SAGAMORE BEACH	State MA	Zip 02568	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 E. COLBY CAMERON, ESQ.		Address 56 EXCHANGE TERRACE			
Address		City PROVIDENCE	Zip 02903-		

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



1 2 5 0 6 3

125063 DLLC 09/13/05 10:49:06 AM

File Date 10/5/05

Check No. 193 A78406

By: KML

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] 10/3/05
Signature of Authorized Person Date

JOHN M. ADAMS, MANAGER
Print or Type Name of Authorized Person



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

Mathew 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 2004

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3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN AND OPERATE REAL ESTATE			
5. Principal office address 72 TAUNTON STREET			City PLAINVILLE	State MA	Zip 02762-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOHN M ADAMS			Contact Title MANAGER		
Street Address P.O. BOX 1298			City SAGAMORE BEACH	State MA	Zip 02562
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 JOHN M. ADAMS			• Manager Name		
Street Address 72 TAUNTON STREET			• Street Address		
City PLAINVILLE	State MA	Zip 02762	City	State	Zip
• Manager Name			• Street Address		
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 E. COLBY CAMERON, ESQ.			Address 56 EXCHANGE TERRACE		
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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125063 DLLC 08/31/04 10:49:06 AM

FILED

File Date _____

Check No. SEP 16 2004

By: By MUA 86 J

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] 9/14/04
Signature of Authorized Person Date

JOHN M. ADAMS, 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 02903-1335
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. 125063		2. Exact name of the limited liability company JMA Realty LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Own and operate real estate.			
5. Principal office address 72 Taunton Street			City Plainville	State MA	Zip 02762
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name John M. Adams			Contact Title Manager		
Street Address 72 Taunton Street			City Plainville	State MA	Zip 02762
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 John M. Adams			Street Address 72 Taunton Street		
City Plainville	State MA	Zip 02762	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 E. COLBY CAMERON, ESQ.		
Address 56 EXCHANGE TERRACE			City PROVIDENCE		
Address			Zip 02903-		

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
OCT 21 11 13 AM '03

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



FILED
OCT 21 2003
By KMC
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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.

Signature of Authorized Person [Signature] Date 10-7-03

John M. Adams, Manager
Print or Type Name of Authorized Person