



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. 112569		2. Exact name of the limited liability company JDS LOT 1 LLC			
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			
5. Principal office address 293 BOURNE AVENUE		City RUMFORD	State RI	Zip 02916-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DAVID SLUTER			Contact Title		
Street Address 293 BOURNE AVENUE		City RUMFORD	State RI	Zip 02916-	
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 David A. Sluter		Manager Name Jordan M. Stone			
Street Address 19 Pine Street		Street Address P.O. Box 683			
City Rehoboth	State MA	Zip 02769-1527	City Norwood	State MA	Zip 02062-0683
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 MICHAEL F. SWEENEY, ESQ.			Address ONE TURKS HEAD PLACE, SUITE 1200		
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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112569 DLLC 08/29/05 12:27:37 PM

File Date 10/4/05

Check No. 1485 C18983

By: FM L

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.

David A. Sluter 9/21/05
Signature of Authorized Person Date

David A. Sluter
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 2004

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5. Principal office address 293 BOURNE AVENUE		City RUMFORD	State RI	Zip 02916-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DAVID SLUTER			Contact Title		
Street Address 293 BOURNE AVENUE		City RUMFORD	State RI	Zip 02916-	
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 David A. Sluter		Manager Name Jordan M. Stone			
Street Address 19 Pine Street		Street Address P.O. Box 683			
City Rehoboth	State MA	Zip 02769-1527	City Norwood	State MA	Zip 02062-0683
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 MICHAEL F. SWEENEY, ESQ.		Address ONE TURKS HEAD PLACE, USITE 1200			
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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112569 DLLG 09/03/04 11:33:08 AM

File Date **FILED**

Check No. **SEP 14 2004**

By: **By M44534**

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.

David A. Sluter 9/10/04
Signature of Authorized Person Date

David A. Sluter
Print or Type Name of Authorized Person



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. 112569		2. Exact name of the limited liability company JDS LOT 1 LLC			
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			
5. Principal office address 293 BOURNE AVENUE			City RUMFORD	State RI	Zip 02916-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DAVID A. SLUTER			Contact Title		
Street Address 293 BOURNE AVENUE			City RUMFORD	State RI	Zip 02916-
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 DAVID A. SLUTER		Manager Name JORDAN M. STONE			
Street Address 19 PINE STREET		Street Address P.O. BOX 683			
City REHOBOTH	State MA	Zip 02769-1527	City NORWOOD	State MA	Zip 02062-0683
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 MICHAEL F. SWEENEY, ESQ.			Address ONE TURKS HEAD PLACE, USITE 1200		
Address			City PROVIDENCE	Zip 02903-	

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



1 1 2 5 6 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.

Signature of Authorized Person: DAVID A. SLUTER Date: 10/13/03
 DAVID A. SLUTER
 Print or Type Name of Authorized Person

112569 DLLC 10/01/03 01:58:05 PM
 File Date: 10/20/03
 Check No.: 1458
 By: [Signature]
 FOR SECRETARY OF STATE USE ONLY



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401 222 3040

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. *112569*		2. Exact name of the limited liability company JDS LOT 1 LLC			
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 any other lawful purpose.			
5. Principal office address 293 BOURNE AVENUE		City RUMFORD	State RI	Zip 02916-	
6. NAME AND ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name DAVID SLUTER			Contact Title .		
Street Address 293 BOURNE AVENUE		City RUMFORD	State RI	Zip 02916-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE (ALL 6 SPACES BEFORE USING ATTACHMENTS - EXP BOX FOR ATTACHMENT C) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (1)(2) 7-16-52					
Manager Name David Sluter			Manager Name Jordan M. Stone		
Street Address 19 Pine Street			Street Address P.O. Box 683		
City Rehoboth	State MA	Zip 02769 -1527	City Norwood	State MA	Zip 02062 -0683
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 MICHAEL F. SWEENEY, ESQ.			Address ONE TURKS HEAD PLACE, USITE 1200		
Address .			City PROVIDENCE	Zip 02903-	

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



* 1 1 2 5 6 9 *

112569 DLLC10/5/021:15:42 PM

File Date 10/30/02

Check No. 1336

By: DA

FOR SECRETARY OF STATE USE ONLY

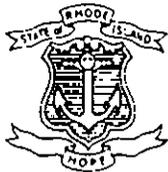
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

DA Sluter 10/29/02
Signature of Authorized Person Date

David A. Sluter, 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

LIMITED LIABILITY COMPANY

ID Number DLIC 112569

Annual Report for the year 2001

1. The name of the limited liability company is:

JDS LOT 1 LLC

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

293 Bourne Avenue, Rumford, RI 02916

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: Michael F. Sweeney

One Turks Head Place, Suite 1200, Providence, RI 02903

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: David Sluter, 293 Bourne Avenue

Rumford, RI 02916

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 any other lawful purpose.

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

Name

Address

David Sluter

19 Pine Street, Rehoboth, MA

Jordan M. Stone

P.O. Box 683, Norwood, MA

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.

Date 2/15/02

JDS LOT 1 LLC

Exact Name of Limited Liability Company

FILED

FEB 21 2002

By DA #55

CX # 3647

By D. G. Sluter

President

Title