

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

3005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00

C CONTINUED DE TITED			·				
	?. Exact name of the li JT Holding, LLC	mited liabilty company					
3. State of Formation	4. Brief descri	ption of the character of the	business which is actually conducte	d in Rhode Island			
RHODE ISLAND		· · · · · · · · · · · · · · · · · · ·	NAGE, MAINTAIN, LEASE,		ELL PROPERTY		
5. Principal office address	 		City	State	Zip		
62 AIRPORT ROAL)		WESTERLY	RI	02891		
6. MAILING ADDRE	SS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT P	ERSON:		
Contact Name		* /-19	Contact Title				
JOHN STRAFACH,	JR.		.Manager				
Street Address			City	State	Zip		
62 AIRPORT ROAD	l .		WESTERLY	RI	02891		
	FILL IN S	PACES BEFORE USING	LIMITED LIABILITY COM ATTACHMENTS ("X" BOX IRES FILING OF AMENDMENT.	FOR ATTACHMENT)			
Manager Name			· Manager Name	· Manager Name			
Anthony Strafac	h		John Strafach, Jr.				
Street Address	·		* Street Address				
93 Rowley Drive	!		26 Seabury Lan	ie			
City	State	Zip	*City	State	Zip		
Stonington	СТ	06378	Westerly	RI	02891		
Manager Name	••••••	• • • • • • • • • • • • •	Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT	IN RHODE ISLAN	D -DO NOT ALTER- Ch	anges require filling of F	orm 642 - R.I.G.L.	7-16-11		
ANDREW W. DAVIS	S ESO			· · ·			
	3, E3Q.		101 DYER STREE		In:		
Address / / Olive		City		Zip			
HOV ST	11/		PROVIDENCE 02903				
11 - 4							

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



11958	5 DLLC 07/02/04 10:45:51 AM
File Date	
Check No.	FILED
Bv:	SEP 1 3 2005
-	REALY OF STATE SECONDY 768
<u> </u>	<u> </u>

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.

Signapure of Authorized Persona Date

John Strafach, Jr.
Print or Type Name of Authorized Person

Form 632 Rev. 6/02



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

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liability company 119585 JT Holding, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, OWN, OPERATE, MANAGE, MAINTAIN, LEASE, DEVELOP AND SELL PROPERTY RHODE ISLAND 5. Principal office address State City Zio 62 AIRPORT ROAD WESTERLY RI 02891 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title JOHN STRAFACH, JR. Manager Street Address City State 62 AIRPORT ROAD . WESTERLY 02891 RI 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Anthony Strafach John Strafach, Jr. Street Address Street Address 93 Rowley Drive .26 Seabury Lane Cirv State Ζiρ ·Ciŋ State Zip Stonington CT 06378 Westerly RI 02891 Manager Name Manager Name Street Address ·Street Address City State City State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GI., 7-16-11 Agent Name Address ANDREW W. DAVIS, ESQ. 101 DYER STREET Address City Żιρ PROVIDENCE 02903

FILED

SEP 1 0 2004

By KMC

Date



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

*119585 DLLC 07/02/04 10:45:51 A	М.
File Date	
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	

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

9/3/04

John Strafach, Jr.

Print or Type Name of Authorized Person



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) 2. Exact name of the limited liabilty company *119585* JT Holding, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island Acquire, own, operate, maintain, manage, lease, develop and sell property RHODE ISLAND 5. Principal office address State Zip 62 AIRPORT ROAD WESTERLY RΙ 02891-6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSONS Contact Name Contact Title John Strafach, Jr. .Manager Street Address City State Zip 62 AIRPORT ROAD WESTERLY RI 02891-7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Anthony Strafach John Strafach, Jr. Street Address · Street Address 93 Rowley Drive .26 Seabury Lane City State 2ip *City State Zip Stonington CT 06378 Westerly RI 02891 Manager Name Manager Name Street Address ·Street Address City State City Zip State Zip 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Agent Name ANDREW W. DAVIS, ESQ. 101 DYER STREET Address City Zip PROVIDENCE 02903-FILED 13E3 0 9 2003

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

*	1	1	5	5	*

119585 DLL	.C6/24/0311:33:50 AM
File Date	<u> </u>
Check No.	162
B <u>y:</u>	
FOR SECRETAR	RY OF STATE USE ONLY

Inder penalty of perjury, I declare and affirm that I have examined
his report, including any accompanying schedules and statements,
ind that all statements contained berein are true and correct

John Strafach, Jr.

Print or Type Name of Authorized Person



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

	D OR PRINTED IN BLA		v.00			
<i>I. ID №.</i> *119585*	2. Exact name of the lim JT Holding, LLC	ited liabilty company				
3. State of Formation		tion of the character of the	husiness which is actually conducte	ed in Phode Island		
RHODE ISLAND	Acquire, c	own, operate, ma	intain, manage, lease,	, develop and se	11 property.	
Principal office address			City	State	Zip	
62 AIRPORT ROAD		WESTERLY	RI	02891-		
MAILING ADDR	ESS OF LIMITED	LIABILITY COMPA	NY AND NAME OF TITLE	OF CONTACT PE	RSON:	
<i>Contact Name</i> John Strafach,			Contact Title			
ireei Address			.Mgr.			
2 Airport Road	d		Ciry Westerly	State RI	Zip	
		ANACER OF THE	LIMITED LIABILITY CON	I -	02891	
	FILL IN SP	ACKS BEFORE USING	CONTRACTOR OF ATTACHMENTS OF ATTACHMENTS	MPANY, LE APPLIC <i>FOR ATTACIIMENT</i>) [ABLE 7	
······································	ANY MODIFICATIONS	TO MANAGERS REQU	IRES FILING OF AMENDMENT.	R.I.G.L 7-16-12 (a) (2)		
inager Name			·Manager Name			
nthony Strafa	ch	<u></u>	John Strafach,	, Jr.		
rect Address			*Street Address			
3 Rowley Driv			.26 Seabury Lar	ne		
in tonington	State CT	Zip 06378	*City	State	Zip	
anager Name	155	106378	Westerly	RI	02891	
			*Manager Name			
cet Address			•Street Address	-		
. – . – . – . – . – . – . – . – . – . –		<u></u>				
y	State	Zip	City	State	Zip	
RESIDENT AGENT	IN RHÔDE ISLAND	DO NOT ALTER. Ch	anges regulre filing of F			
ent Name	THE TOTAL INDIVIDUAL	-DO NOT ALTER- CIT	Address	orm 642 - R.I.GL. 7	-16-11	
NDREW W. DAVI	S, ESQ.		101 DYER STREE	e T		
dress	-	<u> </u>	City			
			PROVIDENCE		02903-	
			TROVIDENCE			
is report must be s	igned in ink by an	authorized person p	oursuant to 7-16-66.			
	1 9 5 8 5		Under penalty of p	eriury. I declare and aff	irm that I have examined	
<u> </u>			this report, includir	ng any accompanying s	chedules and statements.	
119585 DLLC8/29	/0210:56:42 AM*		and that all stateme	ents contained herein ar	e true and correct.	
ile Date	-110-112		.//	0111	/ /	
heck No	128	_	John M.	THE Y	7/11/02	
heck No <u>.</u>	128	_	Signature of Authoriz		9/11/02 Daie	
neck No <u>.</u>	128 1011F	- - -	John Strafa Print or Type Name	ach, Jr.	9/11/02 Daie	