



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.<br>119585  |             | 2. Exact name of the limited liability company<br>JT Holding, LLC  |                             |
| 3. State of Formation<br>RHODE ISLAND  |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>ACQUIRE, OWN, OPERATE, MANAGE, MAINTAIN, LEASE, DEVELOP AND SELL PROPERTY |                             |
| 5. Principal office address<br>62 AIRPORT ROAD   |             | City<br>WESTERLY   | State<br>RI<br>Zip<br>02891 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:<br>Contact Name<br>JOHN STRAFACH, JR.<br>Contact Title<br>Manager   |             |  |                             |
| Street Address<br>62 AIRPORT ROAD  |             | City<br>WESTERLY   | State<br>RI<br>Zip<br>02891 |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |             |  |                             |
| Manager Name<br>Anthony Strafach   |             | Manager Name<br>John Strafach, Jr.   |                             |
| Street Address<br>93 Rowley Drive  |             | Street Address<br>26 Seabury Lane  |                             |
| City<br>Stonington   | State<br>CT | Zip<br>06378   | City<br>Westerly            |
| Manager Name   |             | Manager Name   |                             |
| Street Address   |             | Street Address   |                             |
| City   | State       | Zip  | City                        |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11   |             | Agent Name<br>ANDREW W. DAVIS, ESQ.  |                             |
| Address<br>  |             | Address<br>101 DYER STREET   |                             |
| City<br>PROVIDENCE   |             | Zip<br>02903   |                             |

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



1 1 9 5 8 5

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 9/13/05  
John Strafach, Jr.  
Print or Type Name of Authorized Person

\*119585 DLLC 07/02/04 10:45:51 AM\*  
File Date  
Check No. **FILED**  
SEP 13 2005  
By:   
FOR SECRETARY OF STATE USE ONLY



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**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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

**FILED**

SEP 10 2004

By KMC  
M44179

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



1 1 9 5 8 5

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

9/3/04  
Date

John Strafach, Jr.

Print or Type Name of Authorized Person

|                                    |
|------------------------------------|
| *119585 DLLC 07/02/04 10:45:51 AM* |
| File Date _____                    |
| Check No. _____                    |
| By: _____                          |
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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.<br>*119585*  |             | 2. Exact name of the limited liability company<br>JT Holding, LLC  |                  |               |              |
| 3. State of Formation<br>RHODE ISLAND  |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Acquire, own, operate, maintain, manage, lease, develop and sell property |                  |               |              |
| 5. Principal office address<br>62 AIRPORT ROAD   |             | City<br>WESTERLY   | State<br>RI      | Zip<br>02891- |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |             |  |                  |               |              |
| Contact Name<br>John Strafach, Jr.   |             | Contact Title<br>Manager   |                  |               |              |
| Street Address<br>62 AIRPORT ROAD  |             | City<br>WESTERLY   | State<br>RI      | Zip<br>02891- |              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |             |  |                  |               |              |
| Manager Name<br>Anthony Strafach   |             | Manager Name<br>John Strafach, Jr.   |                  |               |              |
| Street Address<br>93 Rowley Drive  |             | Street Address<br>26 Seabury Lane  |                  |               |              |
| City<br>Stonington   | State<br>CT | Zip<br>06378   | City<br>Westerly | State<br>RI   | Zip<br>02891 |
| 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 842 - R.I.G.L. 7-16-11   |             |  |                  |               |              |
| Agent Name<br>ANDREW W. DAVIS, ESQ.  |             | Address<br>101 DYER STREET   |                  |               |              |
| Address  |             | City<br>PROVIDENCE   |                  | Zip<br>02903- |              |

**FILED**

SEP 09 2003

By CMC  
C5442

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



\* 1 1 9 5 8 5 \*

|                                 |     |
|---------------------------------|-----|
| *119585 DLLC6/24/0311:33:50 AM* |     |
| File Date                       | 1   |
| Check No.                       | 162 |
| 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 9/3/03  
John Strafach, Jr.  
Print or Type Name of Authorized Person



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.<br>*119585*  |             | 2. Exact name of the limited liability company<br>JT Holding, LLC   |                  |               |              |
| 3. State of Formation<br>RHODE ISLAND  |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Acquire, own, operate, maintain, manage, lease, develop and sell property. |                  |               |              |
| 5. Principal office address<br>62 AIRPORT ROAD   |             | City<br>WESTERLY  | State<br>RI      | Zip<br>02891- |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |             |   |                  |               |              |
| Contact Name<br>John Strafach, Jr.   |             | Contact Title<br>Mgr.   |                  |               |              |
| Street Address<br>62 Airport Road  |             | City<br>Westerly  | State<br>RI      | Zip<br>02891  |              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |             |   |                  |               |              |
| Manager Name<br>Anthony Strafach   |             | Manager Name<br>John Strafach, Jr.  |                  |               |              |
| Street Address<br>93 Rowley Drive  |             | Street Address<br>26 Seabury Lane   |                  |               |              |
| City<br>Stonington   | State<br>CT | Zip<br>06378  | City<br>Westerly | State<br>RI   | Zip<br>02891 |
| 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<br>ANDREW W. DAVIS, ESQ.  |             | Address<br>101 DYER STREET  |                  |               |              |
| Address  |             | City<br>PROVIDENCE  |                  | Zip<br>02903- |              |

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



\* 1 1 9 5 8 5 \*

|                                  |
|----------------------------------|
| *119585 DLLLC8/29/0210:56:42 AM* |
| File Date <u>9-16-02</u>         |
| Check No. <u>128</u>             |
| By: <u>AMF</u>                   |
| 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

John Strafach, Jr.

Print or Type Name of Authorized Person