



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. 114991		2. Exact name of the limited liability company AGEM, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN, OPERATE, SELL, FINANCE AND OTHERWISE DEAL WITH REAL AND PERSONAL PROPERTY			
5. Principal office address 99 POWER STREET		City PROVIDENCE	State RI	Zip 02906-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MICHAEL W JOUKOWSKY		Contact Title MANAGER			
Street Address 99 POWER STREET		City PROVIDENCE	State RI	Zip 02906-	
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 MICHAEL W. JOUKOWSKY		Manager Name NONE			
Street Address 99 POWER STREET		Street Address .			
City PROVIDENCE	State RI	Zip 02906	City .	State .	Zip .
Manager Name NONE		Manager Name NONE			
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 ADLER POLLOCK & SHEEHAN P.C.		Address ONE CITIZENS PLAZA, 8TH FLOOR			
Address .		City PROVIDENCE	Zip 02903-		

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



1 1 4 9 9 1

114991 DLLC 09/06/05 02:52:27 PM	
File Date	9/21/05
Check No.	345 1127615
By:	YML
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.

Michael W. Joukowsky 9/15/05
Signature of Authorized Person Date
MICHAEL W. JOUKOWSKY Manager
Print or Type Name of Authorized Person



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. 114991	2. Exact name of the limited liability company AGEM, LLC
3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN, OPERATE, SELL, FINANCE AND OTHERWISE DEAL WITH REAL AND PERSONAL PROPERTY

5. Principal office address 99 POWER STREET	City PROVIDENCE	State RI	Zip 02906-
--	--------------------	-------------	---------------

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:	
Contact Name MICHAEL W. JOUKOWSKY	Contact Title MANAGER

Street Address 99 POWER STREET	City PROVIDENCE	State RI	Zip 02906-
-----------------------------------	--------------------	-------------	---------------

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 MICHAEL W. JOUKOWSKY	• Manager Name NONE
--------------------------------------	------------------------

Street Address 99 POWER STREET	• Street Address
-----------------------------------	------------------

City PROVIDENCE	State RI	Zip 02906	• City	• State	• Zip
--------------------	-------------	--------------	--------	---------	-------

Manager Name NONE	• Manager Name NONE
----------------------	------------------------

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 ADLER POLLOCK & SHEEHAN P.C.	Address 2300 FINANCIAL PLAZA
--	---------------------------------

Address	City PROVIDENCE	Zip 02903-
---------	--------------------	---------------

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



114991 DLLC 09/07/04 11:36:15 AM
File Date <u>10-4-04</u>
Check No. <u>321</u>
By: <u>[Signature]</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]
Signature of Authorized Person Date

MICHAEL W. JOUKOWSKY
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. 114991		2. Exact name of the limited liability company AGEM, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN, OPERATE, SELL, FINANCE AND OTHERWISE DEAL WITH REAL AND PERSONAL PROPERTY	

5. Principal office address 99 POWER STREET		City PROVIDENCE	State RI	Zip 02906-
--	--	--------------------	-------------	---------------

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MICHAEL W JOUKOWSKY		Contact Title MANAGER	

Street Address 99 POWER STREET		City PROVIDENCE	State RI	Zip 02906-
-----------------------------------	--	--------------------	-------------	---------------

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 MICHAEL W. JOUKOWSKY		• Manager Name NONE	
Street Address 99 POWER STREET		• Street Address .	
City PROVIDENCE	State RI	Zip 02906	• City .
Manager Name NONE		• Manager Name NONE	
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 ADLER POLLOCK & SHEEHAN P.C.		Address 2300 FINANCIAL PLAZA	
Address		City PROVIDENCE	Zip 02903-

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



114991 DLLC 09/10/03 03:56:56 PM
File Date <u>11-3-03</u>
Check No. <u>300</u>
By: <u>ae</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.

Michael W. Joukowsky 27-10-03
Signature of Authorized Person Date

MICHAEL W. JOUKOWSKY
Print or Type Name of Authorized Person

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. *114991*	2. Exact name of the limited liability company AGEM, LLC
3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN, OPERATE, SELL, FINANCE AND OTHERWISE DEAL WITH REAL AND PERSONAL PROPERTY

5. Principal office address 99 POWER STREET	City PROVIDENCE	State RI	Zip 02906-
--	--------------------	-------------	---------------

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:	
Contact Name MICHAEL W JOUKOWSKY	Contact Title MANAGER

Street Address 99 POWER STREET	City PROVIDENCE	State RI	Zip 02906-
-----------------------------------	--------------------	-------------	---------------

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 MICHAEL W. JOUKOWSKY	Manager Name NONE
--------------------------------------	----------------------

Street Address 99 POWER STREET	Street Address NONE
-----------------------------------	------------------------

City PROVIDENCE	State RI	Zip 02906	City NONE	State NONE	Zip NONE
--------------------	-------------	--------------	--------------	---------------	-------------

Manager Name NONE	Manager Name NONE
----------------------	----------------------

Street Address NONE	Street Address NONE
------------------------	------------------------

City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
--------------	---------------	-------------	--------------	---------------	-------------

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name ADLER POLLOCK & SHEEHAN P.C.	Address 2300 FINANCIAL PLAZA	
Address NONE	City PROVIDENCE	Zip 02903-

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



114991 DLLC9/24/0210:24:10 AM
File Date <u>10-29-02</u>
Check No. <u>275</u>
By: <u>AMR</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.

Michael W. Joukowsky 28-10-02
Signature of Authorized Person Date

MICHAEL W. JOUKOWSKY
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
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 114991

Annual Report for the year 2001

- The name of the limited liability company is: AGEM, LLC
- The address of the principal office of the limited liability company is: 99 Power Street, Providence, RI 02906
- The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
- The name and address of its resident agent is: ADLER POLLOCK & SHEEHAN P.C.
2300 FINANCIAL PLAZA PROVIDENCE RI 02903-
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 99 Power Street, Providence, RI 02906
Attn: Michael W. Joukowsky
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To own, operate, sell, finance and otherwise deal with real and personal property.
- If the limited liability company has managers, the name and address of each manager of the limited liability company
Name Address
Michael W. Joukowsky 99 Power Street, Providence, RI 02906

Dated 9/19/01



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.

AGEM, LLC
Exact Name of Limited Liability Company

By Michael W. Joukowsky

Manager
Title

FOR SECRETARY OF STATE USE ONLY
File Date:
Check No.:
By:

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING
Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be