



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. 103593		2. Exact name of the limited liability company JEDI FAMILY, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING, LEASING, SELLING AND OTHERWISE DEALING IN REAL PROPERTY AND OTHER BUSINESS THE MEMBERS DEEM DESIRABLE.	
5. Principal office address 1822 MINERAL SPRING AVENUE		City NORTH PROVIDENCE	State RI
		Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CHERYL L SHAW		Contact Title	
Street Address 146 WESTMINSTER ST.		City PROVIDENCE	State RI
		Zip 02903 -	
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 J. Bruno		*Manager Name	
Street Address 3 Ferncrest Court		*Street Address	
City Lincoln	State RI	Zip 02865	*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 JONATHAN V. KALANDER, ESQ.		Address 146 WESTMINSTER STREET	
Address KALANDER & SHAW, LTD.		City PROVIDENCE	Zip 02903

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



1 0 3 5 9 3

103593 DLLC 09/12/05 12:32:11 PM

File Date 10-07-05

Check No. 117

By: UP

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] 9/28/05
Signature of Authorized Person Date

DAVID J. BRUNO
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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 103593		2. Exact name of the limited liability company JEDI FAMILY, L.L.C.	
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5. Principal office address 1822 MINERAL SPRING AVENUE		City NORTH PROVIDENCE	State RI
		Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CHERYL L SHAW		Contact Title	
Street Address 146 WESTMINSTER ST.		City PROVIDENCE	State RI
		Zip 02903-	
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 J. Bruno		*Manager Name	
Street Address 3 Ferncrest Court		*Street Address	
City Lincoln	State RI	Zip 02865	*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 JONATHAN V. KALANDER, ESQ.		Address 146 WESTMINSTER STREET	
Address KALANDER, SHAW & JANNEY, LTD.		City PROVIDENCE	Zip 02903

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



1 0 3 5 9 3

103593 DLLC 09/27/04 10:56:56 AM
File Date 10/12/04
Check No. 214
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.

[Signature] 10/14/04
Signature of Authorized Person Date
DAVID BRUNO
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. 103593		2. Exact name of the limited liability company JEDI FAMILY, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING, LEASING, SELLING AND OTHERWISE DEALING IN REAL PROPERTY AND OTHER BUSINESS THE MEMBERS DEEM DESIRABLE.	
5. Principal office address 1822 MINERAL SPRING AVENUE		City NORTH PROVIDENCE	State RI
		Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CHERYL L SHAW		Contact Title	
Street Address 146 WESTMINSTER ST.		City PROVIDENCE	State RI
		Zip 02903-	
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"/> <input checked="" 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 J. Bruno		*Manager Name	
Street Address 3 Ferncrest Court		*Street Address	
City Lincoln	State RI	Zip 02865	*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 JONATHAN V. KALANDER, ESQ.		Address 146 WESTMINSTER STREET	
Address		City PROVIDENCE	Zip 02903

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



1 0 3 5 9 3

103593 DLLC 09/05/03 10:48:01 AM	
File Date	10.3.03
Check No	198
By:	2
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 J. Bruno 9/17/03
Signature of Authorized Person Date

David J. Bruno
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. *103593*		2. Exact name of the limited liability company JEDI FAMILY, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING, LEASING, SELLING AND OTHERWISE DEALING IN REAL PROPERTY AND OTHER BUSINESS THE MEMBERS DEEM DESIRABLE.	
5. Principal office address 1822 MINERAL SPRING AVENUE		City NORTH PROVIDENCE	State RI
		Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Jonathan V. Kalander		Contact Title	
Street Address 146 WESTMINSTER ST.		City PROVIDENCE	State RI
		Zip 02903-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS <input checked="" type="checkbox"/> 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	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 CHERYL L. SHAW, ESQ.		Address 146 WESTMINSTER STREET	
Address KALANDER & ASSOCIATES, LTD.		City PROVIDENCE	Zip 02903

RECEIVED
FOR STATE OF RHODE ISLAND
SEP 30 12 40 PM '02

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



103593 DLLC9/10/021:28:06 PM

File Date 10-30-02

Check No. 177

By: DNF

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 J. Bruno 9/30/02
Signature of Authorized Person Date

DAVID J. BRUNO
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 103593

Annual Report for the year 2001

1. The name of the limited liability company is:

JEDI FAMILY, L.L.C.

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

1822 Mineral Spring Avenue, North Providence, Rhode Island 02904

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: CHERYL L. SHAW, ESQ.

KALANDER & ASSOCIATES, LTD. 146 WESTMINSTER STREET 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: Cheryl L. Shaw, Esq., Kalander, Shaw & Janney, Ltd.,

146 Westminster Street, Providence, Rhode Island 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: acquiring, developing, leasing, selling and otherwise dealing in real property and other business the Members deem desirable.

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

David J. Bruno

3 Ferncrest Court, Lincoln, RI

Dated 10-6-2001

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.



JEDI FAMILY, L.L.C.

Exact Name of Limited Liability Company

By [Signature]

President
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-12-01</u>
Check No.:	<u>157</u>
By:	<u>[Signature]</u>

Form No. 632
Revised 01/99

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 103593

Annual Report for the year 2000

1. The name of the limited liability company is:

JEDI FAMILY, L.L.C.

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

1822 Mineral Spring Avenue, North Providence, Rhode Island 02904

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: CHERYL L. SHAW, ESQ.

KALANDER & ASSOCIATES, LTD. 146 WESTMINSTER STREET 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: Cheryl L. Shaw, 146 Westminster Street

Providence, Rhode Island 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this acquiring, developing, leasing, selling and otherwise dealing in real property state: and other business the Members deem desirable.

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

Name

Address

David J. Bruno

3 Ferncrest Court, Lincoln, RI

Dated _____



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.

JEDI FAMILY, L.L.C.

Exact Name of Limited Liability Company

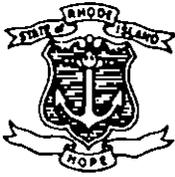
By _____

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10/30</u>
Check No.:	<u>3746</u>
By:	<u>De</u>

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 LL 103593

Annual Report for the year 1999

- The name of the limited liability company is:
JEDI FAMILY, L.L.C.
- The address of the principal office of the limited liability company is:
1822 Mineral Spring Avenue North Providence, RI 02904
- 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: CHERYL L. SHAW, ESQ.
KALANDER & ASSOCIATES, LTD. 146 WESTMINSTER STREET 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: Cheryl L. Shaw, Esq. 146 Westminster Street Providence, RI 02903
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: acquiring, developing, leasing, selling and otherwise dealing in real property and other business the members deem desirable.
- If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>David J. Bruno</u>	<u>3 Ferncrest Court, Lincoln, RI</u>

Dated 10/12/99

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.

JEDI FAMILY, L.L.C.

Exact Name of Limited Liability Company



FOR SECRETARY OF STATE USE ONLY

File Date: 10-18-99

Check No.: 109

By: AMF

RECEIVED

By: David J. Bruno

Title

Form No. 632
Revised 01/99