



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. 110894		2. Exact name of the limited liability company JAMJAS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, OWN, HOLD, DEVELOP, MANAGE, MORTGAGE, ENCUMBER, SUBDIVIDE, SELL, EXCHANGE AND LEASE OR OTHERWISE TRANSFER OR DISPOSE OF REAL ESTATE	
5. Principal office address 133 Old Tower Hill Road		City Wakefield	State RI
		Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Anne Marie Silveira		Contact Title Member/Manager	
Street Address 50 Camden Road		City Narragansett	State RI
		Zip 02882	
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 Anne Marie Silveira		Manager Name John Silveira	
Street Address 50 Camden Road		Street Address 50 Camden Road	
City Narragansett	State RI	Zip 02882	City Narragansett
			State RI
			Zip 02882
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 JOHN F. KENYON, ESQ.		Address	
Address 133 OLD TOWER HILL ROAD		City WAKEFIELD	Zip 02879

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



FILED

File Date **110894**
SEP 08 2005
Check No. _____
By: **1872 GAA**
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.

Anne Marie Silveira 9/5/05
Signature of Authorized Person Date
ANNE MARIE SILVEIRA
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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with fields for ID No., Exact name of the limited liability company, State of Formation, Brief description of the character of the business, Principal office address, Mailing address of limited liability company, Name and address of each manager, and Resident agent in Rhode Island.

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



* 1 1 0 8 9 4 *

File Date: 9/16/04
Check No.: 290
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 of Authorized Person: Annemarie Silveira 9/12/04
Date: 9/12/04
Print or Type Name of Authorized Person: ANNEMARIE SILVEIRA



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. 110894		2. Exact name of the limited liability company JAMJAS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, OWN, HOLD, DEVELOP, MANAGE, MORTGAGE, ENCUMBER, SUBDIVIDE, SELL, EXCHANGE AND LEASE OR OTHERWISE TRANSFER OR DISPOSE OF REAL ESTATE	
5. Principal office address 133 Old Tower Hill Road		City Wakefield	State RI
		Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name AnneMarie Silvieira		Contact Title Manager	
Street Address 50 Camden Road		City Narragansett	State RI
		Zip 02882	
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 AnneMarie Silvieira		Manager Name John Silvieira	
Street Address 50 Camden Road		Street Address 50 Camden Road	
City Narragansett	State RI	Zip 02882	City Narragansett
			State RI
			Zip 02882
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 JOHN F. KENYON, ESQ.		Address	
Address 133 OLD TOWER HILL ROAD		City WAKEFIELD	Zip 02879-

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



* 1 1 0 8 9 4 *

File Date	9-12-03
Check No.	1369
By:	[Signature]
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.

AnneMarie Silvieira 9/10/03
Signature of Authorized Person Date
AnneMarie Silvieira
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

1. ID No. 110894		2. Exact name of the limited liability company JAMJAS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, OWN, HOLD, DEVELOP, MANAGE, MORTGAGE, ENCUMBER, SELL OR OTHERWISE TRANSFER OR DISPOSE OF REAL ESTATE	
5. Principal office address 133 Old Tower Hill Road		City Wakefield	State RI
		Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Ann Marie Silviera		Contact Title Manager	
Street Address 50 Camden Road		City Narragansett	State RI
		Zip 02882	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (b) (2) / 7-16-52			
Manager Name Ann Marie Silviera		Manager Name John Silviera	
Street Address 50 Camden Road		Street Address 50 Camden Road	
City Narragansett	State RI	City Narragansett	State RI
Zip 02882		Zip 02882	
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 John F. Kenyon, Esq.		Address	
Address 133 Old Tower Hill Road		City Wakefield,	Zip 02879

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

FILED	
File Date	SEP 25 2002
Check No.	By <u>[Signature]</u> # 507
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.

Ann Marie Silveira 9/23/02
Signature of Authorized Person Date
ANNEMARIE SILVEIRA
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 110894

Annual Report for the year 2001

1. The name of the limited liability company is:

JAMJAS, LLC

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

133 Old Tower Hill Road, Wakefield, RI 02879

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: JOHN F. KENYON, ESQ.

133 OLD TOWER HILL ROAD WAKEFIELD RI 02879-

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: John F. Kenyon

133 Old Tower Hill Road, Wakefield, RI 02879

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Acquire, own, hold, develop, manage, mortgage, encumber, subdivide, sell, exchange and lease or otherwise transfer or dispose of real estate

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

John Silveira

34 Betony Road, Saunderstown, RI 02874

Ann Marie Silveira

34 Betony Road, Saunderstown, RI 02874

Dated September 1, 2001



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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.

JAMJAS, LLC

Exact Name of Limited Liability Company

John F. Silveira
By Ann Marie Silveira

owners

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-25-01</u>
Check No.:	<u>162</u>
By:	<u>[Signature]</u>