

55 NEW ENGLAND WAY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Divisi-100 North Main Stn Providence, RI 02903-13 401.222.30

LIMITED LI Filing Period: Septem (FORM MUST BE TYPED	nber 1 - November 1	1PANY ANNU • Filling Fee: \$50.	AL REPORT FOR	THE YEAR	2005
1. ID No.	2. Exact name of the limited	1 liability company		 	
121198		town Land & Fish, LLC			
3. State of Formation RHODE ISLAND	1	4. Brief description of the character of the initiness which is actually conducted in Rhode Island BUILDING LANDLORD			
5. Principal office address 5. Principal office address 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAM			WARRICK	State RI	02886
Contact Name	1261 R. SISS		Contact Title	PERSON:	
SIRCU Address 56 NEW ENGLAND WAY			- WARWICK	State R.L	21p (1200C)
7. NAME AND ADDE	FILL IN SPA	GER OF THE LIMITED ACES BEFORE USING MANAGERS REQUIR		LICABLE OR ATTACHMENT) LI.G.L. 7-16-12 (2) (2)	/ 7-16-52
Manager Name	PAME		Manager Name		·
Street Address			Street Address		
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Manager Name			Manager Name	•••••••••••••••••••••••••	
Street Address			Street Address		
City State Zip		City	State	Zip	
Agent Name	IN RHODE ISLAND	DO NOT ALTER - Ch	anges require filing of Form	642 - R.J.G.L. 7-16-11_	
JEFFREY R. SISSON			City	Zip	

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

WARWICK

	Under penalty of perjury, I declare and affirm that I have examined this repoincluding any accompanying schedules and statements, and that all statement
File Date 1013 05 *121198* Check No. 025078 By: 0 C X C	Signature of Aluhorized Person Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

02886-



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Divis 100 North Main St. Providence, RI 02903-1,

401.222.30 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 BIACK) 2. Exact name of the limited liability company 121198 Jamestown Land & Fish, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation **BUILDING LANDLORD** RHODE ISLAND 5. Principal office address 29 KEEL AVE J AMES 10WH 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Street Address City JGKEELAVE 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 SISSON Sirker Address State Zip Street Address Street Address City 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 Address JEFFREY R. SISSON Zip 55 NEW ENGLAND WAY WARWICK 02886-

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



File Date
Check No
ву:
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.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Duch 100 North Main St Providence RI 0.2903-1 401-222-3

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ____

2003 Providence RI 0.290

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6. MAILING AD	DRESS OF LIMITED LIAB	ILITY COMPANY AND N	AME OR TITLE OF CONTACT	C PERSON:	100000
Contact Name	, n c.		Contact Title	· · · · · · · · · · · · · · · · · · ·	
<u>, 194-</u>	rey K. Di	<u>550m</u>	Partne	o <u></u>	
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7. NAME AND A	ADDRESS OF EACH MANA	GER OF THE LIMITED I	LARMITY COMPANY OF	_	10.28.00
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Manager Name	N.234.7111				
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. RESIDENT AG	GENT IN RHODE ISLAND	DO NOT ALTER Chan	; ges require filing of Form 6		
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JEFFREY R. SISS	ON				
1ddress					
55 NEW ENGLAND	DWAY		City	$Z\psi$	
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

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Under penalty of perjury, I declare and at including any accompanying schedules a	ffirm that I have examined this report nd statements, and that all statements
contained herein are true and correct.	10-9-03
Signary of Kinforized Person Jeffer & J. R. S. J. Print or Type Name of Authorized Person	SSOV)



File Date

Check No.

FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-133, 401.222.304

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121198 State of Formation RHODE ISLAND						
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Contact Name	· 0 Canan		Contact Title			
rect Address	1 R SISSON	<u>. </u>	· PARTNER	State	21.	
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gent Name			Address			
JEFFREY R. SISSON						
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