



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 16761		2. Name of Corporation LMJ Corporation			
3. Street Address Principal Business Office 32 Redwood Dr.			City North Providence	State RI	Zip 02911
4. Business Phone No. 4013530957		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island Operation of a Restaurant Bar and Lounge					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Beverly Corrente			Vice President Name Lawrence Corrente, Jr.		
Street Address 32 Redwood Dr.			Street Address 32 Redwood Dr.		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Michael F. Corrente			Treasurer Name Jane Corrente		
Street Address 32 Redwood Dr.			Street Address 32 Redwood Dr.		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Beverly Corrente			Director Name Lawrence Corrente, Jr.		
Street Address 32 Redwood Dr.			Street Address 32 Redwood Dr.		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Director Name Michael F. Corrente			Director Name Joseph Corrente		
Street Address 32 Redwood Dr.			Street Address 4928 Del Monte Rd.		
City North Providence	State RI	Zip 02911	City La Canada	State CA	Zip 91011
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No Par Value	600	Common	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date **FILED**

Check No. **AUG 31 2007**

By: **By 7080**

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.

Lawrence Corrente, Jr. 8/29/07

Signature Date

Lawrence Corrente, Jr.

Print or Type Name

Vice President

Title