RI SOS Filing Number: 200700525870 Date: 09/05/2007 4:00 PM

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
123085	RJM MANAGEMENT, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	CONSTRUCTION PROJECT MANAGEMENT, AND ANY OTHER LAWFUL BUSINESS RELATED THERETO.

5. Principal office address	City	State	Zip
511 Cooper Road	Chepachet	RI	02814

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Robert J. Mandeville	Manager

Street Address	City	State	Zip
511 Cooper Road	Chepachet	RI	02814

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Robert J. Mandeville	511 Cooper Road	Chepachet	RI	02814

Manager Name	Street Address	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		
ROBERT J. MANDEVILLE			
Address	**City**		**Zip**
511 COOPER ROAD	CHEPACHET		02814-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] [redacted]

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 — *Date* 8/30/07

Robert J. Mandeville
Print or Type Name of Authorized Person

[redacted]

File Date 9.5.07
Check No. 2187
By: ICM

13114-39-179463
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07