



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 02901-2615  
401.222.3010

**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. 00072543		2. Name of Corporation JNL, Inc		
3. Street Address Principal Business Office 11011 Valley Heights Drive		City Owings Mills	State MD	Zip 21117
4. Business Phone No. 443-901-1775		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island buying, selling and owning Real Estate				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Donald Shein		Vice President Name Joshua Shein		
Street Address 3601 Greenway, unit 505		Street Address 11011 Valley Heights Drive		
City Baltimore	State MD	Zip 21218	City Owings Mills	State MD
Secretary Name NONE		Treasurer Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES -- THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1500			200	CNP
				NONE

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. **SEP 12 2007**  
 By: 1010  
 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.

Donald Shein  
 Signature Date 9/16/07  
 Donald Shein  
 Print or Type Name  
 President  
 Title