

Matthew A. Brown, Secretary of State Corporations Division 148 W. River St.

Providence, RI 02904-2615

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ___ 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00*

* 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

Corporate ID No.	2. Name of Corpora	IIION LTING ING	:		
150565	JLC CÓNSU	LTING, INC.		State	Zip
i. Street Address Principal Business Office 15 Hines Farm Drive			Cumberland	RI	02864
Business Phone No. 5. State of Incorporation 5. State of Incorporation 595-7620 RHODE ISLAN					
Brief Description of the Cha BOOKKEEPING AND	SECRETARIAL SEK	いにほろ			ATTACLES DATE
. NAMES AND ADDRE	SSES OF THE OFFICE	RS: ("X" BOX FOR	TOTACHMEND THE IN S		ALIACIMELIA
President Name			William Colitti		
Jennifer Lynn Colitti			Street Address		
Stroet Address 15 Hines Farm Drive			15 Hines Farm Drive		
Cumborland	State RI	^{Zφ} 02864	City Cumberland	RI	02864
Cumberland RI 02864 Secretary Name William Colitti			Treasurer Name Jennifer Lynn Colitti		
Street Address 15 Hines Farm Drive			Street Address 15 Hines Farm Drive		
City	State	<i>Zip</i> 02864	City Cumberland	State RI	Ζφ 02864
Cumberland	RI	■		N SPACES BEFORE USIN	
B. NAMES AND ADDR			Director Name		
Jennifer Lynn Colitti Street Address			Street Address		
15 Hines Farm Drive					
City	State	Zip	City	State	Zip
Cumberland	RI	02864			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares authori	ZED ("X" BOX FOR	THE THE PER CONTRACTOR	10. SHABES ISSUEL	C'X" BOX FOR ATTAC	CHMENT)
AUTHORIZED SHARES	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
Number of Shares			1,000 \$0.01 PAR \	/ALUE	
1,000 \$0.01 PAR V	ALUE		.,,555 \$0.51		
This report must be ex	ecuted on behalf of th	e corporation by an au	thorized representative. If the	corporation is in the har	ids of a receiver or tru
	ecuted on behalf of the				

Check No. NOV-2 9 2007
Check No. WOV 3 8 2007
Check No. WON 2.0 2007
Check No. WON 2 0 2007
Check No. Will B. 8 2007
Check No. MOV 20 2007
CARLO HAY BE ZULL
in ox
and the company of th
The state of the second
FOR SECRETARY OF STATE USE ONLY

_	Under penalty of perjury, I declare and affirm including any accompanying schedules and st contained herein are true and correct.	that I have examined this report atements, and that all statements
	Signature	Date
	Jennifer Lynn Colitti	
	Print or Type Name	
	President	
	Title	Form 630 Rev. 12/05