

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 2008

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 penal	ty fee of \$25.00.		3 (2) 3 8	1	
1. Corporate ID No. 61562	2. Name of Corporation JLS Presentations, Inc.					
3. Street Address Principal Business Office 68 Tarklin Road			City Chepachet	State RI	^{Zip} 02814	
		5. State of Incorporation RHODE ISLAN				
. •	ENT PRODUCTIO	N AND PROMOTION :	SERVICES OF ALL KINDS			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR A President Name James L. Singleton			Vice President Name Donna Santos			
Street Address 68 Tarklin Road			Street Address 68 Tarklin Road			
City Chepachet	State RI	^{Հ∳} 02814	City Chepachet	State RI	^{Ζιρ} 02814	
Secretary Name James L. Singleton			Treasurer Name James L. Singleton			
Street Address 68 Tarklin Road			Street Address 68 Tarklin Road			
City Chepachet	State RI	^{Zip} 02814	City Chepachet	State RI	^{Zip} 02814	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR Director Name James L. Singleton			ATTACHMENT) THE IN SPACES BEFORE USING ATTACHMENTS Director Name Donna Santos			
Street Address 68 Tarklin Road			Street Address 68 Tarklin Road			
City Chepachet Director Name	State RI	Zip 02814	City Chepachet Director Name	State RI	_{Zip} 02814	
Street Address			Street Address			
City	State	Zip	Сну	State	Zip	
9. SHARES AUTHORIZED AUTHORIZED SHARES	C"X" BOX FOR AT	TACHMENT)	10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION		· · · · · · · · · · · · · · · · · · ·	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
200 COMM NO PAR VALUE			101	Common	No Par Value	
					#17411	
This report must be execute this report must be executed			orized representative. If the corpo ver or trustee.	ration is in the hand	s of a receiver or trustee,	

File Date	FILED	·
Check No	MAR 0 62008	
^{Ву} — Ву -	10182 KM	
FC	OR SECRETARY OF STATE USE ON	LY

Under penalty of perjury, I declare and affincluding any accompanying schedules at contained herein are are and correct.	
Signature L. Single	Date
Print or Type Name Tule	Form 630 Rev. 12/06