

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

[corp. CL. 7-1.2-1501(e), d) is subject to a headty fee of \$25.00

1. Corporate ID No.	2. Name of Corp	nalty fee of \$25.00.			
41589	JMG INC.	оганоп			
3. Street Address Principal Business Office P.O. BOX 7817			WARWICK	State RI	<i>Ζφ</i> 02888
4. Business Phone No. 5. State of Incorpor 4017399100 RHODE ISL					
	P, SALE AND LEA	SING OF REAL ESTAT	TE, GENERAL CONTRACTI		ATTACHMENTS
President Name JEFFREY M. GIUSTI			Vice President Name GINA GIUSTI		
Street Address P.O. BOX 7817			Street Address SAME		
City WARWICK	State RI	Zip 02888	City:	State	Zip
Secretary Name JEFFREY M. GIUSTI			Treasurer Name JEFFREY M. GIUSTI		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
City	State	Zip	City	State	Zψ
8, NAMES AND ADDRESS Director Name NONE	SES OF THE DIRE	CTORS: ("X" BOX FOR	R ATTACHMENT) FILL II Director Name	n spaces before using	ATTACHMENTS
Street Address			Street Address		
Citr	State	Zip	City	State	Ziþ
Director Name			Director Name		
Street Address			Street Address		
City	State	Zψ	City	State	Zifi
9. SHARES AUTHORIZED AUTHORIZED SHARES	O ("X" BOX FOR	ATTACHMENT)	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMMON NO PAR VALUE			1,000	СОММОН	NO PAR VALU
This report must be executhis report must be execute	ted on behalf of the	e corporation by an auther corporation by the rece	norized representative. If the ceiver or trustee.	corporation is in the hands	of a receiver or trustee
			_		
-			including ony acc	perjury, I declare and affirm the ompanying schedules and state	
FILED	l	·	contained herein	geralie and correct.	2/20/08

File Date

Check No.

By:

By:

FOR SECRETARY OF STATE USE ONLY