RALPH MO	State of Rhode Island a Office of the S			NS Fee: \$50.00
	Corporat	ions Division		
148 W. River Street				
Providence, Rhode Island 02904-2615				
retary of St	Telephone:	(401) 222-3040		
Limited Liabilit	y Company			
Annual Report Filing Period: Septe	ember 1 - November 1			
	R.I.G.L. 7-16-66(d), each limited liab			0
	t within thirty (30) days after the time bject to a penalty fee of \$25.00.	prescribed by lav	v (R.I.G.L.	
-10-00(<i>D&C)) is su</i>				
ANNUAL REPORT	YEAR : <u>2008</u>			
1. ID No. <u>000</u>	<u>152075</u>			
2. Exact Name of the Limited Liability Company $\underline{PMJS, LLC}$				
3. State of Form	ation			
State: <u>RI</u>				
TRANSLATION 5. Principal Office				
No. and Streat	754 DD ANCH AVE SHITE 1			
No. and Street: City or Town:	<u>754 BRANCH AVE SUITE 1</u> PROVIDENCE	State: RI	Zip: 02904	Country: USA
-	ss of Limited Liability Company an		•	
-				
Contact Name: C No. and Street:	Contact Title: 330 SILVER SPRING ST			
City or Town:	PROVIDENCE	State: RI	Zip: 02904	Country: USA
7. Name and Add DO NOT LIST I	lress of Each Manager of the Limi MEMBERS	ed Liability Co	mpany, if Appl	licable.
Title	Individual Name		Addı	ress
	First, Middle, Last, Suffix	Addre	ess, City or Town, S	tate, Zip Code, Country
Changes Requi	ENT IN RHODE ISLAND - DO NOT A re Filing of Form 642 - R.I.G.L. 7-1	6-11		
PETER PETRAF	RCA, ESQ. 330 SILVER SPRING ST	<u>REET PROVIDEN</u>	<u>NCE</u> , <u>RI 02904</u> -	<u>.</u>
9. This report mu	st be executed by an authorized p	erson pursuant	to R.I.G.L. 7-1	6-66 (b).

Signed this 4 Day of September, 2008 at 11:00:40 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>PETER PETRARCA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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