



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 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

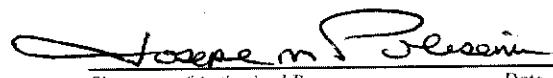
1. ID No. 151260		2. Exact name of the limited liability company JMP INVESTMENTS, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island LEASING, MANAGEMENT, ACQUISITIONS AND DISPOSITION OF REAL ESTATE	
5. Principal office address 52 LAKE SHORE DRIVE		City JOHNSTON	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOSEPH M. POLISENA		Contact Title MANAGER	
Street Address 52 LAKE SHORE DRIVE		City JOHNSTON	State RI
		Zip 02919	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name JOSEPH M. POLISENA		Manager Name	
Street Address 52 LAKE SHORE DRIVE		Street Address	
City JOHNSTON	State RI	City	State
Zip 02919		City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Christopher D. Colardo, Esq.		Address	
Address 1481 Atwood Avenue		City Johnston	Zip 02919

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

151260

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.

FILED	
File Date	SEP 17 2008
Check No.	
By	1312
FOR SECRETARY OF STATE USE ONLY	

 **9/11/08**
Signature of Authorized Person Date
JOSEPH M. POLISENA
Print or Type Name of Authorized Person