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.	2. Exact name of the limited liability company
151260	JMP INVESTMENTS, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	LEASING, MANAGEMENT, ACQUISITIONS AND DISPOSITION OF REAL ESTATE

5. Principal office address	City	State	Zip
52 LAKE SHORE DRIVE	JOHNSTON	RI	02919

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
JOSEPH M. POLISENA	MANAGER

Street Address	City	State	Zip
52 LAKE SHORE DRIVE	JOHNSTON	RI	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			Manager Name		
JOSEPH M. POLISENA					
Street Address			Street Address		
52 LAKE SHORE DRIVE					
City	State	Zip	City	State	Zip
JOHNSTON	RI	02919			
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	
Christopher D. Colardo, Esq.		
Address	City	Zip
1481 Atwood Avenue	Johnston	02919

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

151260

FILED
File Date SEP 17 2008
Check No.
By: 13
2586994429960 SECRETARY OF STATE USE ONLY

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.

Joseph M. Polisena 9/11/08
Signature of Authorized Person *Date*

JOSEPH M. POLISENA
Print or Type Name of Authorized Person