



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. 104089		2. Exact name of the limited liability company RTJM, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Car Wash	
5. Principal office address 626 Smithfield Road		City North Providence	State RI
		Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Ralph T. Campagnone		Contact Title Manager	
Street Address 626 Smithfield Road		City North Providence	State RI
		Zip 02904	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name Ralph T. Campagnone		Manager Name Thomas R. Campagnone	
Street Address 626 Smithfield Road, Unit 106		Street Address 436 West Fountain Street	
City North Providence	State RI	City Providence	State RI
Zip 02904		Zip 02903	
Manager Name Joseph Campagnone		Manager Name Michael A. Campagnone	
Street Address 31 Sack Street		Street Address 28 Golini Drive	
City North Providence	State RI	City Johnston	State RI
Zip 02911		Zip 02819	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Henry Swan		Address	
Address 101 Dyer Street		City Providence	Zip 02903

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

<b>FILED</b>	
File Date	SEP 17 2008
Check No.	
By	<u>1661</u>
FOR 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.

Ralph T. Campagnone 9-8-08  
Signature of Authorized Person Date  
Ralph T. Campagnone  
Print or Type Name of Authorized Person