

A. Ralpb 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* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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&v)) is subject to a penalty fee of \$25.00.

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1. ID No. 107406	1	name of the limited liabil J Builders, L.L.C.	ity company				
3. State of Formation RHODE ISLAND		4. Brief description of the	e character of the business who ON MANAGEMENT	ch is actually conducted in Rhode Islan	d		
5. Principal office address 375 Oakwoods Dr			· <u>,</u> ·	^{Cit)} Wakefield	State RI	^{Ζφ} 02879	
6. MAILING ADDRE Contact Name Kenneth Hayes	SS OF LI	IMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERSONNEL THE Member	SON:		
Street Address 375 Oakwoods Dr	ive	, , , , , , , , , , , , , , , , , , ,		ւրը Wakefield	State RI	<i>Ζψ</i> 02879	
7. NAME AND ADDI	RESS OF			LITY COMPANY, IF APPLICATACHMENTS ("X" BOX FOR AT		MEMBERS	
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	City	State	Zip	
	 	en e		Manager Name			
Street Address				Street Address		Maria de esta de la compansión de la compa	
City		State	Zip	City: The street granted with the	State Compa	Zip	
8. RESIDENT AGENT This information is cu			of the Secretary of State.	: Changes require filing of Form 6	42 - R.I.G.L. 7-16-11	I	

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

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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.

Lus Milleton

Kenneth Hayes

Print or Type Name of Authorized Person

Form 632 Rev. 08/08