

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))						44			
1. ID No.	l	t name of the limited liability company							
144493	Jimme	e G, Jr., LLC							
3. State of Formation 4. Brief description of the character of the business					bich is actually conducted in Rhode Island				
RHODE ISLAND BOATING									
5. Principal office address					City	State		Zip	
11 MEMORIAL BOULEVARD					NEWPORT	RI		02840	
6. MAILING ADDRE	SS OF L	IMITED LIABIL	ITY COMPA	NY AND NAME	OR TITLE OF CONTA	CT PERSON:			
Contact Name					Contact Tule				
JAMES F. HYMAN					ESQ.				
Street Address					NEWPORT	RI		02840	
11 MEMORIAL BLVD.					:			ı	
7. NAME AND ADD	RESS OF	EACH MANAG	ER OF THE	LIMITED LIABI	LITY COMPANY, IF A	PPLICABLE - DO	NOT LIST	<u>MEMBERS</u>	
1,4 9		FILL IN SI	PACES BEFO	RE USING ATTA	ACHMENTS ("X" BO)	K FOR ATTACHMEN	) <b>ப</b>	•	
Manager Name					Manager Name				
N/A	N/A								
Street Address					Street Address				
					<u> </u>				
City		State	Zip		City	State		Zip	
					<u>.</u>				
Manager Name					Manager Name				
Street Address					Street Address				
								T	
City		State	Zip		Ciţy	State		Zip	
4 24 2						642 BICX:	7 16 11		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Change					Address				
Agent Name	N 500				,				
JAMES F. HYMA	N, ESU	l					7/6		
Address					City		2tp 02840	"	
11 MEMORIAL BOULEVARD				NEWPORT 02840					
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

144493

File Date	10-22-08
Check No.	7963
Ву:	mnc
	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.

Signature of Authorized Person

JAMES R. GLIDEWELL, MEMBER

Print or Type Name of Authorized Person