PH MO	State of Rhode Island and	d Providenc	o Plantation	IS Fee: \$50.
	Office of the Sec			15 ree: 550.
	Providence, Rhode	iver Street Island 02904-	-2615	
etary of 5	Telephone: (4	01) 222-3040		
imited Liability Co	mpany			
nnual Report <i>ling Period: September</i>	1 - November 1			
accordance with R I G	.L. 7-16-66(d), each limited liability	v company faili	na or refusina ta)
e its annual report withi	n thirty (30) days after the time pre			
-16-66(b&c)) is subject	to a penalty fee of \$25.00.			
ANNUAL REPORT YEA	R: <u>2008</u>			
1. ID No. <u>0000992</u>	<u>89</u>			
2. Exact Name of the	Limited Liability Company J-V	ON Realty. Ll	LC	
3. State of Formation				
State: <u>RI</u> 4. Brief Description of	the Character of the Business N	Which is Actu	ally Conducted	I in Rhode Island
State: <u>RI</u> 4. Brief Description of <u>REAL ESTATE HOL</u> 5. Principal Office Add No. and Street: <u>23</u>	DING COMPANY	Which is Actu	ally Conducted	I in Rhode Island
State: <u>RI</u> 4. Brief Description of <u>REAL ESTATE HOL</u> 5. Principal Office Add No. and Street: <u>23</u> City or Town: <u>W</u>	DING COMPANY_ ress 5 SINGLETON STREET OONSOCKET	State: <u>RI</u>	Zip: <u>02895</u>	Country: <u>USA</u>
State: <u>RI</u> 4. Brief Description of <u>REAL ESTATE HOL</u> 5. Principal Office Add No. and Street: <u>23</u> City or Town: <u>W</u> 6. Mailing Address of	DING COMPANY Iress 5 SINGLETON STREET OONSOCKET Limited Liability Company and	State: <u>RI</u>	Zip: <u>02895</u>	Country: <u>USA</u>
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State: <u>RI</u> 4. Brief Description of <u>REAL ESTATE HOL</u> 5. Principal Office Add 5. Principal Office Add No. and Street: 23 City or Town: <u>W</u> 6. Mailing Address of Contact Name: Contact No. and Street: 23 City or Town: <u>W</u> 7. Name and Address DO NOT LIST MEME Title	DING COMPANY Iress 5 SINGLETON STREET OONSOCKET Limited Liability Company and et Title: 5 SINGLETON STREET OONSOCKET of Each Manager of the Limited BERS Individual Name First, Middle, Last, Suffix	State: <u>RI</u> Name or Title State: <u>RI</u> d Liability Cor	Zip: <u>02895</u> of Contact Pe Zip: <u>02895</u> mpany, if Appli Addre ss, City or Town, St 235 SINGLET	Country: <u>USA</u> rson: Country: <u>USA</u> icable. ess ate, Zip Code, Country ON STREET RI 02895- USA ON STREET

CARL I. FREEDMAN, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

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

Signed this 29 Day of October, 2008 at 9:46:59 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MAX BRICKLE

Signature of Authorized Person

Form No. 632 Revised 09/07

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