



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) 222-3010

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(4)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |             |                                                   |                                                                     |                        |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------|---------------------------------------------------------------------|------------------------|---------------------|
| 1. Corporate ID No.<br>72683                                                                                                                               |             | 2. Name of Corporation<br>J.R.L. MANAGEMENT, INC. |                                                                     |                        |                     |
| 3. Street Address Principal Business Office<br>305 LAWRENCE DRIVE                                                                                          |             |                                                   | City<br>PORTSMOUTH                                                  | State<br>RI            | Zip<br>02871        |
| 4. Business Phone No.                                                                                                                                      |             | 5. State of Incorporation<br>RHODE ISLAND         |                                                                     |                        |                     |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>DEAL IN REAL ESTATE, PROPERTY INVESTMENTS                                   |             |                                                   |                                                                     |                        |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                                   |                                                                     |                        |                     |
| President Name<br>ROLAND S. LECOMTE                                                                                                                        |             |                                                   | Vice President Name<br>FLORINE LECOMTE                              |                        |                     |
| Street Address<br>111 CHURCH POND DRIVE                                                                                                                    |             |                                                   | Street Address<br>305 LAWRENCE DRIVE                                |                        |                     |
| City<br>TIVERTON                                                                                                                                           | State<br>RI | Zip<br>02878                                      | City<br>PORTSMOUTH                                                  | State<br>RI            | Zip<br>02871        |
| Secretary Name<br>ROLAND S. LECOMTE                                                                                                                        |             |                                                   | Treasurer Name<br>ROLAND S. LECOMTE                                 |                        |                     |
| Street Address<br>111 CHURCH POND DRIVE                                                                                                                    |             |                                                   | Street Address<br>111 CHURCH POND DRIVE                             |                        |                     |
| City<br>TIVERTON                                                                                                                                           | State<br>RI | Zip<br>02878                                      | City<br>TIVERTON                                                    | State<br>RI            | Zip<br>02878        |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                                   |                                                                     |                        |                     |
| Director Name<br>N/A                                                                                                                                       |             |                                                   | Director Name<br>N/A                                                |                        |                     |
| Street Address                                                                                                                                             |             |                                                   | Street Address                                                      |                        |                     |
| City                                                                                                                                                       | State       | Zip                                               | City                                                                | State                  | Zip                 |
| Director Name                                                                                                                                              |             |                                                   | Director Name                                                       |                        |                     |
| Street Address                                                                                                                                             |             |                                                   | Street Address                                                      |                        |                     |
| City                                                                                                                                                       | State       | Zip                                               | City                                                                | State                  | Zip                 |
| 9. SHARES AUTHORIZED                                                                                                                                       |             |                                                   | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                        |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. |             |                                                   | ISSUED SHARES -- THIS SECTION <u>MUST</u> BE COMPLETED              |                        |                     |
|                                                                                                                                                            |             |                                                   | Number of Shares<br>1000                                            | Class Series<br>COMMON | Par Value<br>NO PAR |
|                                                                                                                                                            |             |                                                   |                                                                     |                        |                     |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

|                                 |        |
|---------------------------------|--------|
| File Date                       | 2-2-09 |
| Check No.                       | 311    |
| By:                             | MRC    |
| 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.

Roland S. LeComte 1-27-09  
Signature Date

ROLAND S. LeComte

Print or Type Name

President

Title