

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2009 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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&d)) is

subject to a penalty fee of \$25.00.	•			1	- (), -	
1. Corporate ID No. 56406	2. Name of Corporation JOVAN'S LOUN	GE, LTD		V disking and a second		
3. Street Address Principal Business Office 6 PORTLAND STREET			PROVIDENCE	State RI	<i>Zip</i> 02907	
4. Business Phone No. 401-421-8060		5. State of Incorporation RI				
6. Brief Description of the Character OWN & OPERATE A LOU		Rbode Island				
7. NAMES AND ADDRESSE President Name ERTIS CROUCH	s of the officers	("X" BOX FOR ATTA	Vice President Name BEATRICE GOMES			
Street Address 237 WARRINGTON STE	REET		Street Address 86 LONGVIEW DRIVE			
PROVIDENCE	State RI	^{Zip} 02907	City CRANSTON	State RI	^{Ζίρ} 02920	
Secretary Name BEATRICE D GOMES			Treasurer Name ERTIS CROUCH			
Street Address 86 LONGVIEW DRIVE			Street Address 237 WARRINGTON STREET			
CRANSTON	State RI	<i>Ζψ</i> 02920	City PROVIDENCE	State RI	^{Zip} 02907	
8. NAMES AND ADDRESSE Director Name ERTIS CROUCH	S OF THE DIRECTOR	S: ("X" BOX FOR AT	ACHMENT) FILL IN SPA Director Name BEATRICE D GOMES	ces before using a	TTACHMENTS	
Street Address 237 WARRINGTON STREET			Street Address 86 LONGVIEW DRIVE			
PROVIDENCE Director Name	State RI	^{2ip} 02907	City CRANSTON Director Name	State RI	<i>Zip</i> 02920	
Street Address			Street Address			
Сіту	State	Zψ	City	State	Zip ??	
9. SHARES AUTHORIZED			: 10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION		w) 9 1 3 5 5	
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.			Number of Shares	Class/Series	Par Value	
			100	COMMON	NO PAR VALUE	
			THIS SECTION	WOSI DE MONT		
This report must be executed	on behalf of the corp	poration by an authorize	ed representative. If the corpor	ation is in the hands of	a receiver or trustee,	

File Date	F	ILED	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
Check No.	MAR	8 0 20	19		
љ, Е	ly .	410	5	<i>j</i>	
	FOR SECRE	ETARY OF S	TATE US	E ONLY	7.00

	Inder penalty of perjury, I declare and affirm that I have examined this repor
contained herein englished accurat	ncluding any accompanying schedules and statements, and that all statement
contained herein are true and correct.	contained herein are true and correct.
3/25/08	3/25/08

Signature

ERTIS CROUCH Print or Type Name

PRESIDENT

Title

Form 630 Rev. 08/08

Date