

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 \_2009

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 luw

1 1D No.	2 Exact name of the lin				
0100388  3 State of Formation	JJG REALT	Y, LLC			
	4. Brief descri	otion of the character of the	business which is actually conducted in Rho		
Rhode Island	ownersh	ip and developmen	of sol astate	de Island	
Principal office addi	ress		t of real estate and any other i	awful purpose	
85 Clarke Ro	ad		CIĄ	State	Zip
. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N			Narragansett	RI	02882-0000
omact Name		A. A.	Contact Title	PERSON:	1 02002-0000
Jose D. Gome	<u>s</u>		Connict Tine		and the state of t
85 Clarke Roa				State	Zip
NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LI FILL IN SPACES BEFORE USING A			Narragansett	RI	02882-0000
	FILL IN	SPACES PEROPE	ED LIABILITY COMPANY, IF APPI	LICABLE DO NOW	<u> </u>
mager Name		OF ILUZOR BEFORE US	ING ATTACHMENTS ("X" BOX FO	R ATTACHMENT)	LIST MEMBERS
TOSE	D. Como	_	Manager Name		
vet Address	1) O Jorne	Ś	Tuna Ti	630 ha 25	
85 Clar	10 Dag 1		Street Address	CIVINES	
X Y	State		85 Clark	00 000 0	
arragan	CONT SHIP	Zip	City	State	
nager Name	Sea	102882	- Nama rans	Poll ""ET	2ip 02882
			Manager Name	2011	102882
ret Address					
			Street Address		
	State		<u></u>		
	Jame	Zip	Сиу	State	
RESIDENT AGENT	T IN RHODE ISLAND			1	Zip
s information is cur	rently of record in the	ATTENDED TO THE STATE OF THE ST	of State. Changes require filing of For	e in the first contract of	Merson, and setting in a series
	y an issorta in the (	price of the Secretary of	of State, Changes require Giller - C.D.		

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

File Date	41 EN				
Check No				94 140 35 54	
<b>UC</b> 1	241				
By_ FOR	SECRETARY OF S	STATE USE ON	<b>JLY</b>		

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.

September 1, 2009 Signature of Authorized Person Date Jose D. Gomes

Print or Type Name of authorized Person Member

Form 632 Rev. 08/08