



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
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

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)) is subject to a penalty fee of \$25.00.

1. ID No. 104089		2. Exact name of the limited liability company RTJM, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Real estate holding company			
5. Principal office address 626 Smithfield Road		City North Providence	State RI	Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Ralph T. Campagnone			Contact Title Manager		
Street Address 626 Smithfield Road		City North Providence	State RI	Zip 02904	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Ralph T. Campagnone			Manager Name Thomas R. Campagnone		
Street Address 626 Smithfield Road, Unit 106			Street Address 436 West Fountain Street		
City North Providence	State RI	Zip 02904	City Providence	State RI	Zip 02903
Manager Name Joseph Campagnone			Manager Name Michael A. Campagnone		
Street Address 31 Sack Street			Street Address 28 Golini Drive		
City North Providence	State RI	Zip 02911	City Johnston	State RI	Zip 02919
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Henry Swan			Address		
Address 101 Dyer Street			City Providence	Zip 02903	

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

Ralph T. Campagnone 9-21-09
Signature of Authorized Person Date

Ralph T. Campagnone

Print or Type Name of Authorized Person

FILED	
File Date	OCT 02 2009
Check No.	
By	By 100299
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