

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 101.222 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(e&d)) is subject to a penalty fee of \$25.00.

1 Corporate ID No 41589	2. Name of Corp JMG INC.	2. Name of Corporation JMG INC.				
3. Street Address Principal Business Office P.O. BOX 7817			WARWICK	State RI	^{Zip} 02888	
4. Business Phone No. 5. State of Incorporation RHODE ISLAND						
6. Brief Description of the Ch PURCHASE, DEVEL		ted in Rhode Island ASING OF REAL ESTATE,	GENERAL CONTRACT	ING	7.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name JEFFREY M. GIUSTI			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name GINA GIUSTI			
Street Address P.O. BOX 7817		Street Address SAME				
City: WARWICK	State RI	Zip 02888	Cttr	State	Zip	
JEFFREY M. GIUSTI		Treasurer Name JEFFREY M. GIUSTI				
STREET Address SAME AS ABOVE			Street Address SAME AS ABOVE			
CHy:	State	Zip	City	State	Zip	
8. NAMES AND ADDR Director Name NONE	EESSES OF THE DIRE	CTORS: ("X" BOX FOR AT	TACHMENT) FILL I Director Name	I N SPACES BEFORE USING	G ATTACHMENTS	
trect Address		Street Address				
Gity	State	Zip	City	State	Zψ	
Director Name		I	Director Name			
Street Address			Street Address			
C/h:	State	Zip	Gity	State	Zip	
9. SHARES AUTHORIZ	ZED [I		 	IMENT) [
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 Serws	Par Valna	
			1,000	COMMON	NO PAR VALUE	
This report must be ex	ecuted on behalf of th	e corporation by an authoriz	ed representative. If the	corporation is in the hands	of a receiver or trustee,	
this report must be exe	ecuted on behalf of the	corporation by the receiver	or trustee.			
			TT 4			
File Date FILE	D		including any acc	perjury, I declare and affirm to companying schedules and state true and correct.		
Check No. OCT 0.2	2009		JEFFREY M	и. GIUSTI	√ Dluc	
By 305			Print or Type Name PRESIDENT			
FOR SECRETARY	Y OF STATE USE ONLY		Title	, , , , , , , , , , , , , , , , , , ,	Form 630 Rev. 08/08	