



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\* • **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 law (R.I.G.L. 7-16-66 (b)(v)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                                                                               |             |                                                                                                                             |      |             |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------|------|-------------|--------------|
| 1. ID No.<br>99759                                                                                                                                                                                            |             | 2. Exact name of the limited liability company<br>JLJ, L.L.C.                                                               |      |             |              |
| 3. State of Formation<br>Rhode Island                                                                                                                                                                         |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Real estate investment |      |             |              |
| 5. Principal office address<br>2440 Mendon Road                                                                                                                                                               |             | City<br>Cumberland                                                                                                          |      | State<br>RI | Zip<br>02864 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |             |                                                                                                                             |      |             |              |
| Contact Name<br>Raymond J. Lambert                                                                                                                                                                            |             | Contact Title<br>Manager                                                                                                    |      |             |              |
| Street Address<br>10 Jencks Road                                                                                                                                                                              |             | City<br>Cumberland                                                                                                          |      | State<br>RI | Zip<br>02864 |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |             |                                                                                                                             |      |             |              |
| Manager Name<br>Raymond J. Lambert                                                                                                                                                                            |             | Manager Name                                                                                                                |      |             |              |
| Street Address<br>10 Jencks Road                                                                                                                                                                              |             | Street Address                                                                                                              |      |             |              |
| City<br>Cumberland                                                                                                                                                                                            | State<br>RI | Zip<br>02864                                                                                                                | City | State       | Zip          |
| Manager Name                                                                                                                                                                                                  |             | Manager Name                                                                                                                |      |             |              |
| Street Address                                                                                                                                                                                                |             | Street Address                                                                                                              |      |             |              |
| City                                                                                                                                                                                                          | State       | Zip                                                                                                                         | City | State       | Zip          |
| 8. RESIDENT AGENT IN RHODE ISLAND                                                                                                                                                                             |             |                                                                                                                             |      |             |              |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11                                                                        |             |                                                                                                                             |      |             |              |

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.

Signature of Authorized Person Date 10-11-09

Raymond J. Lambert, Manager

Print or Type Name of Authorized Person

|                                 |             |
|---------------------------------|-------------|
| <b>FILED</b>                    |             |
| File Date                       | OCT 07 2009 |
| Check No.                       |             |
| By:                             | By 1232     |
| FOR SECRETARY OF STATE USE ONLY |             |