

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

2009

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR __

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

1. ID No.	2. Exact name of the limited liability company					
90904	· -	Jet Machine LLC				
3. State of Formation	4. Brief descriptio	n of the character of the b	nusiness which is actually conducted in R	bode Island		
RI	real	estate sal	les and industria	al machines		
5. Principal office address			City	State	Zip	
Contact Name	Street ss of LIMITED LIABI		Warwick D NAME OR TITLE OF CONTA Contact Title	CT PERSON:	02886	
Street Address			City	State	Zip	
11 Knight Street			Warwick	RI	02886	
7. NAME AND ADDI	RESS OF EACH MANA FILL IN S	GER OF THE LIMIT PACES BEFORE US	ED LIABILITY COMPANY, IF A ING ATTACHMENTS ("X" BOX Manager Name	PPLICABLE - DO NOT FOR ATTACHMENT)	LIST MEMBERS	
Street Address			Street Address	Street Address		
City	State	Ζip	City	State	Ζψ	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
CHV	State	Zip	City	State	Zip	
	T IN RHODE ISLAND arrently of record in the	Office of the Secretary	y of State. Changes require filing o	l of Form 642 - R.I.G.L. 7-16		

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

File Date	10-15-09
Check No	1075
Ву:	mnc
F	OR SECRETARY OF STATE USE ONLY

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.

payere of Authorized Person | M Date

9/21/09

Print or Type Name of Authorized Person

Form 632 Rev. 08/08