

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

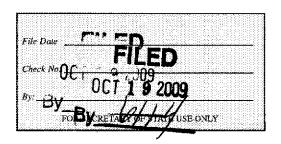
Filing Period: September 1 - November 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

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

(R.I.G.L. 7-16-66 (b&c)) is	s subject to a penalty fee of \$	25.00.				
1. ID No. 88401	2. Exact name of the limit EQUI-MAX, LLC	ict name of the limited liability company JI-MAX, LLC				
3. State of Formation 4. Brief description of the character of the business wh TO ENGAGE IN ANY BUSINESS PE			ness which is actually conducted in Rh S PERMITTED LLC'S UNI	hich is actually conducted in Rhode Island ERMITTED LLC'S UNDER THE ACT		
5. Principal office address 498 Broadway			City Providence	State RI	<i>Z</i> ф 02909	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAM Contact Name Frank Miele			NAME OR TITLE OF CONTAC Contact Title			
Street Address 498 Broadway			City Providence	State RI	<i>Ζψ</i> 02909	
7. NAME AND ADDI			LIABILITY COMPANY, IF AP G ATTACHMENTS ("X" BOX (			
Manager Name Frank Miele			Manager Name	Manager Name		
Street Address 498 Broadway			Street Address			
City Providence	State RI	<i>z</i> φ 02909	City	State	Zip	
Manager Name			Manager Nanæ	Manager Name		
Street Address			Street Address	Street Address		
City	State	Ζip	City:	State	Zip	
en le come de la companya de la comp	I IN RHODE ISLAND rrently of record in the	Office of the Secretary of	State. Changes require filing of	Form 642 - R.I.G.L. 7-1	6-11	

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

88401



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.

hand of Authorized Person

Frank Miele

Print or Type Name of Authorized Person