

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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(cb'd)) is

subject to a penalty fee of \$25.00.						
1. Corporate ID No. 85299	2. Name of Corporation JMJ Construction Company, Inc.					
3. Street Address Principal Business Office 15 Beechwood Court			City Warren	State RI	<sup>Zip</sup> 02885	
4. Business Phone No. 5. State of Incorporation 401-245-2606 Rhode Island						
6. Brief Description of the Character of General construction and co	ntracting.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
Joseph Sousa			Jane Sousa			
Street Address 15 Beechwood Court			Street Address 15 Beechwood Court			
City Warren	State RI	Zip 02885	City Warren	State RI	<sup>Zip</sup> 02885	
Secretary Name Joseph Sousa			Treasurer Name Jane Sousa			
Street Address			Street Address			
Same as above.			Same as above.			
Gty	State	$Z\psi$	City	State	Zip	
8. NAMES AND ADDRESSES	I OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT)   FILL IN SPA	CES BEFORE USING AT	TACHMENTS	
Director Name	of the bliceron	( 12 2001	Director Name			
None						
Street Address			Street Address			
ev.	State	Zip	City	State	Zip	
City	State:	2.40	Cie	17646	14	
Director Name	J	J	Director Name			
Street Address			Street Address			
City	State	Zip	City	State .	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
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/Series	Par Value	
			200	Common	No par	
			4 . TALE E			
This report must be executed this report must be executed of			ed representative. If the corpor or trustee.	ation is in the hands of	a receiver or trustee,	

20. 5	FILED	
File Date:	FEB 1 7 2010	
By:	912559	
1	FOR SECRETARY OF STATE USE ONLY	

	d affirm that I have examined this report, es and statements, and that all statements
contained herein are true and correct.	
Signature	Date
Joseph Sousa	
Print or Type Name	
President	
Title	Form 630 Rev. 08/08