

A. Ralpb Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, Rt 02904-2615
401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

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.

1. ID No. 487954	2. Exact name of the limit LRJ, LLC	ed liability company		· · · · · · · · · · · · · · · · · · ·		
3. State of Formation Rhode Island	-	4. Brief description of the character of the business which is actually conducted in Rhode Island				
5. Principal office address One Ship Street			City Providence	State RI	2ip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N Contact Name Ross Banfield						
Street Address 13897 Willard Road			City Chantilly	State VA	<i>Zip</i> 20151	
7. NAME AND AI	DDRESS OF EACH MANA FILL IN	GER OF THE LIMITE SPACES BEFORE USI	ED LIABILITY COMPANY, IF AI 'NG ATTACHMENTS ("X" BOX	I PPLICABLE - <u>DO_NO</u> FOR ATTACHMENT) ☐		
laneger Name			Manager Name			
Street Address			Street Address	Street Address		
Sity	State	Zip	City	State	Zip	
Janager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City:	State	Zip	City	State	Zıp	
	ENT IN RHODE ISLAND currently of record in the	Office of the Secretary	of State. Changes require filing of	 Form 642 - R.I.G.L. 7-1	l 6-11	

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

487954

File Date	FILED
Check No.	OCT 27 2010
By:	By Mme
	FOR 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 statement
contained herein are true and correct

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Date

Signature of Authorized Wer Ross Banfield

Print or Type Name of Authorized Person