



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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

| | | | | | |
|--|-------------|---|---|------------------------|---------------------|
| 1. Corporate ID No. 72683 | | 2. Name of Corporation J.R.L. MANAGEMENT, INC. | | | |
| 3. Street Address Principal Business Office 305 LAWRENCE DRIVE | | | City PORTSMOUTH | State RI | Zip 02871 |
| 4. Business Phone No. | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island DEAL IN REAL ESTATE, PROPERTY INVESTMENTS | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name ROLAND S. LECOMTE | | | Vice President Name FLORINE LECOMTE | | |
| Street Address 111 CHURCH POND DRIVE | | | Street Address 305 LAWRENCE DRIVE | | |
| City TIVERTON | State RI | Zip 02878 | City PORTSMOUTH | State RI | Zip 02871 |
| Secretary Name ROLAND S. LECOMTE | | | Treasurer Name ROLAND S. LECOMTE | | |
| Street Address 111 CHURCH POND DRIVE | | | Street Address 111 CHURCH POND DRIVE | | |
| City TIVERTON | State RI | Zip 02878 | City TIVERTON | State RI | Zip 02878 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name N/A | | | Director Name N/A | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name N/A | | | Director Name N/A | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| 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. | | | ISSUED SHARES -- THIS SECTION MUST BE COMPLETED | | |
| | | | Number of Shares 1000 | Class/Series COMMON | Par Value NO PAR |
| | | | THIS SECTION MUST BE COMPLETED | | |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date: **JAN 20 2011**

Check No. _____

By: *[Signature]*

By: **328**

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 statements contained herein are true and correct.

Roland S. Lecomte 1-17-11
Signature Date

ROLAND S. LECOMTE
Print or Type Name

PRESIDENT
Title