

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

7. Corporate ID No. 21117	THE J.B.J. CORPORATION				
3. Street Address Principal Business Office 70 Phillips Street			North Kingstown	State Rhode Island	^{Ζιρ} 02852
4. Business Phone No. 5. State of Incorporation 4.01-725-3004 Rhode Island					
Brief Description of the Character Real Estate Holding Corpor	ation				
. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR ATTAC	CHMENT) FILL IN SI	PACES BEFORE USING A	ITACHMENTS
President Name			Vice President Name Mark Sherry		
Mark Sherry			: Street Address		
Street Address 70 Phillips Street			70 Phillips Street		
North Kingstown	State Rhode Island	^{Ζφ} 02852	North Kingstown	Rhode Island	02852
Secretary Name Mark Sherry			Treasurer Name Mark Sherry		
Street Address 70 Phillips Street			Street Address 70 Phillips Street		
City North Kingstown	State Rhode Island	^{Zip} 02852	City North Kingstown	State Rhode Island	^{Zip} 02852
8. NAMES AND ADDRESSES	OF THE DIRECTOR	RS: ("X" BOX FOR ATT	ACHMENT) [FILL IN	SPACES BEFORE USING	ATTACHMENTS
Director Name			Director Name		
Mark Sherry					
Street Address			Street Address CO		
70 Phillips Street	State	Zip	City	State	Z@F 10 20 20
North Kingstown	Rhode Island	02852			20 TO TO
Director Name			Director Name		
					4- 47 4
Street Address			Street Address		
City	State	Zip	City	State	
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9. SHARES AUTHORIZED	•	•	10. SHARES ISSUED	("X" BOX FOR ATTACH	MENT) [
				TION MUST BE COMPLETED	Par Value
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	_
			113 7/8		NO PAR
This report must be executed	d on behalf of the co	rporation by an authorize	ed representative. If the co	orporation is in the hands	of a receiver or trustee
this report must be executed	on behalf of the cor	poration by the receiver	or trustee.		
•					
			Under penalty of p	erjury, I declare and affirm th	nat I have examined this re
	4	_	including any acco	ompanying schedules and stat	tements, and that all states
5	LED		contained herein a	re true and correct.	- /- /:
File Date	- 4 0032		16	2012h	2:15.11 Date
MAR	21 2011)	Signature	1	
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By_	<u> </u>	とうしょ	Print or Type Name		
Ву:		<u>-</u>	\mathcal{S}^{ϵ}	CRETART	
FOR SECRETARY OF S	TATE USE ONLY		Title		Form 630 Rev. 08/0
					FORM 930 Nev. U6/0