



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
118 W. River Street  
Providence, RI 02904-2615  
101.222.3010

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011**

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

1. ID No. 104089		2. Exact name of the limited liability company RTJM, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real estate holding company			
5. Principal office address 28 Golini Drive		City Johnston	State RI	Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Michael A. Campagnone			Contact Title Manager		
Street Address 28 Golini Drive		City Johnston	State RI	Zip 02919	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Michael A. Campagnone			Manager Name Joseph P. Campagnone		
Street Address 28 Golini Drive			Street Address 1650 Douglas Pike, Unit 1106		
City Johnston	State RI	Zip 02919	City North Providence	State RI	Zip 02904
Manager Name Thomas R. Campagnone			Manager Name		
Street Address 436 West Fountain Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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 SECRETARY OF STATE  
 2012 JAN 12 PM 12:13

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

104089

**FILED**

File Date \_\_\_\_\_  
 Check No. JAN 13 2012  
 By: 160579  
 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.

Michael A. Campagnone 1-12-12  
 Signature of Authorized Person Date  
 Michael A. Campagnone  
 Print or Type Name of Authorized Person