



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 458159		2. Exact name of the limited liability company RJM ACQUISITIONS LLC			
3. State of Formation NEW YORK		4. Brief description of the character of business conducted in Rhode Island DEBT BUYER			
5. Principal office address 575 UNDERHILL BOULEVARD, SUITE 224		City SYOSSET	State NY	Zip 11791	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name EILEEN KEEGAN		Contact Title DIRECTOR OF LICENSING			
Street Address 575 UNDERHILL BOULEVARD, SUITE 224		City SYOSSET	State NY	Zip 11791	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name SCOTT MATTE		Manager Name NEIL MATTE			
Street Address 60 NORTHGATE DRIVE		Street Address 11 PLEASANT LANE			
City SYOSSET	State NY	Zip 11791	City OYSTER BAY COVE	State NY	Zip 11771
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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 Form 642.					

FILED
 2013 SEP 26 AM 9:55
 SECRETARY OF STATE
 CORPORATIONS DIV

FILED

SEP 26 2013

By 49-206871

A-A

File Date _____

Check No _____

By: _____

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.

Signature of Authorized Person

Date

SCOTT MATTE, PRESIDENT/MANAGER

Print or Type Name of Authorized Person

9-24-2013