

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 2015

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.

| 791389 | | 2. Exact name of the limited liability company Jig & Cam, LLC | | | | |
|--|-------------------|--|--|-----------------|---------------------------------------|--|
| 791309 | _ | - | | | | |
| 3. State of Formation | 4. Briet des | Brief description of the character of business conducted in Rhode Island | | | | |
| Rhode Island | | Woodworking | | | | |
| 5. Principal office address | | | City | State | Zin | |
| 52 Top Street | | | Providence | RI | Zip 02905 | |
| 6. MAILING ADDRESS O | F LIMITED LIABILI | TY COMPANY AND | NAME OR TITLE OF CONTACT P | ERSON: | | |
| Contact Name Scott Rodenhizer | | | Contact Title Member | | | |
| Street Address 52 Top Street | | | City Providence | State RI | Zip 02905 | |
| 7. LIST ALL MANAGERS | S (NAMES AND AD | PRESSES) OF THE | LIMITED LIABILITY COMPANY, I | APPLICABLE - DO | NOT LIST MEMBERS | |
| ("X" BOX FOR ATTAC | HMENT) | | | | | |
| ("X" BOX FOR ATTAC | HMENT) | 9 - 19 - 19 - 19 - 19 - 19 - 19 - 19 - | Manager Name | | | |
| ("X" BOX FOR ATTAC Manager Name | HMENT) | | | | · · · · · · · · · · · · · · · · · · · | |
| ("X" BOX FOR ATTAC Manager Name Street Address City | HMENT) | Zip | Manager Name | State | Zip | |
| Manager Name Street Address City | HMENT) | | Manager Name Street Address | | | |
| Manager Name Street Address City Manager Name | HMENT) | | Manager Name Street Address City | | | |
| Manager Name Street Address | HMENT) | | Manager Name Street Address City Manager Name | | | |
| Manager Name Street Address City Manager Name Street Address | State State | Zip | Manager Name Street Address City Manager Name Street Address | State | Zip | |

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| File Date | | OCT 0 8 2015 |
|------------------|----------------|--------------|
| Check No | BY_ | 1008 |
| Ву: | 7.6 | |
| 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 Rodenhizer

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012