State of Rhode Island and Providence Plantations Fee: \$50.0 Office of the Secretary of State			
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040			
Limited Liability Company			
Annual Report			
Filing Period: September 1 - November 1			
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&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2015			
<b>1. ID No.</b> <u>000102556</u>			
2. Exact Name of the Limited Liability Company FJ Associates, LLC			
3. State of Formation			
State: <u>RI</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
NEW CONSTRUCTION			
5. Principal Office Address			
No. and Street:113 BLUFF AVENUECity or Town:CRANSTONState: RIZip:02905Country:USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:   No. and Street: <u>113 BLUFF AVENUE</u> City or Town: <u>CRANSTON</u> State: <u>RI</u> Zip: <u>02905</u> Country: <u>USA</u>			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name		ress
MANAGER	First, Middle, Last, Suffix JOSEPH CORSCO	Address, City or Town, S	
		ONE CORRAL CT. CRANSTON, RI 02921 USA	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
FRANK PROCACCINI 113 BLUFF AVENUE CRANSTON, RI 02905			
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).			

## Signed this 21 Day of April, 2016 at 2:26:29 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

## By <u>FRANK P. PROCACCINI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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