



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No 142395		2. Name of Corporation JLM117, Ltd.	
3. Street Address Principal Business Office 110 RIDGEWAY AVENUE		City WARWICK	State RI
4. Business Phone No.		5. State of Incorporation RHODE ISLAND	6. SIC Code 8110
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A HAIR, NAIL AND BEAUTY SALON			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name JENNIFER L. MARLEY		Vice President Name JENNIFER L. MARLEY	
Street Address 26 CEDAR BAY DRIVE		Street Address 26 CEDAR BAY DRIVE	
City WARWICK	State RI	City WARWICK	State RI
Zip 02888		Zip 02888	
Secretary Name JENNIFER L. MARLEY		Treasurer Name JENNIFER L. MARLEY	
Street Address 26 CEDAR BAY DRIVE		Street Address 26 CEDAR BAY DRIVE	
City WARWICK	State RI	City WARWICK	State RI
Zip 02888		Zip 02888	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
600 NO PAR VALUE		- 0 -	ONE CLASS
			NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date **FILED**

Check No. **APR 27 2005** 2707

By: **LCB**

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.

Jennifer L. Marley 4-24-05
Signature of Officer Date
JENNIFER L. MARLEY
Print or Type Name of Officer
PRESIDENT
Title of Officer