

A. Ralpb Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
\* In accordance with RLG.L 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No.					
92471	2. Name of Corporation  JL International				
3. Street Address Principal Business Office 765 Westrninster Street			City Providence	State RI	<sup>Ζψ</sup> 02903
4. Business Phone No. (401) 331-9555  5. State of Incorporation RHODE ISLANE			**************************************		
6. Brief Description of the Character TO PURCHASE, ACQUIRI	E, DISTRIBUTE, MA	RKET, SELL AND EXP	PORT MACHINERY AND EC	UIPMENT OF EVERY	KIND, NATURE
AND DECEMBER ASSESSMENT OF THE PROPERTY OF THE			The said of the sa	State of the Section Add	nuqua (Signar numb
President Name			Vice President Name		
Gary N. Licht					
Street Address 765 Westminster Street			Street Address		
city Providence	State RI	<i>Ζφ</i> 02903	Cuy	State	Zip O
Secretary Name Gary N. Licht			Treasurer Name Gary N. Licht	.1	SE SEC
Street Address			Street Address		72
765 Westminster Street			765 Westminster Street		
City Providence	State Ri	21p 02903	City Providence	State RI	02993
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Director Name			Director Name		
Gary N. Licht					
Gary N. Licht Street Address 765 Westminster Street			Street Address	·····	
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Street Address 765 Westminster Street City Providence Director Name Street Address City AUTHORIZED SHARES	RI	02903   Z <del>p</del>	City  Director Name  Street Address  City  ISSUED SHARES — THIS SECTION Number of Shares  100	State  State  MUST BE COMPLETED  Class/Series  Common	Par Value  No Par Value
Street Address 765 Westminster Street City Providence Director Name Street Address City AUTHORIZED SHARES Number of Shares	RI	02903   Z <del>p</del>	City  Director Name  Street Address  City  ISSUED SHARES — THIS SECTION Number of Shares  100	State MUST BE COMPLETED Class/Series	Par Value  No Par Value

this report must be executed on behalf of the corporation by the receiver or trustee.

## FILED

SEP 0.5 2008

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.

Gary N. Licht Print or Type Name

**President**