

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refluing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cord)) is

ubject to a penalty fee of \$25.00	The state of the s				
. Corporate ID No. 24241	2. Name of Corporation JERRY & JIMMY,	INC			
			NEWPORT	RHODE ISLAND	^{Zip} 02840
i. Business Phone No. 401-846-0106 5. State of Incorporation RHODE ISLAND					
INVESTMENTS	acter of Business Conducted in Rh				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACE President Name RONALD R. FATULL!			Vice President Name ROBERT OATWAY		
Street Address 48 KANE AVENUE			Street Address 139 TUCKERMAN AVENUE		
Gity MIDDLETOWN	State RHODE ISLANE	<i>Zip</i> 02842	City MIDDLETOWN	State RHODE ISLAND	^{Zip} 02842
Secretary Name	••••••		Treasurer Name RONALD R. FATUL	LI	
Street Address			Street Address 48 KANE AVENUE		200
City	State	Zip	Gity MIDDLETOWN	State RHODE ISLAND	62 842
3. NAMES AND ADDRE	SSES OF THE DIRECTORS	: ("X" BOX FOR ATI	ACHMENT) FILL IN Director Name	SPACES BEFORE USING A	TACHMENT
Street Address			Street Address		
City	State	Zip	City	State	795 (6)
Director Name	J	J	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZ	ED	1		 <i>("X" BOX FOR ATTACHM</i> CTION <u>MUST</u> BE COMPLETED	ENT)
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	COMMON	NO PAR
This report must be executive this report must be executive.	ecuted on behalf of the corp	poration by an authoriz oration by the receiver	ed representative. If the cor trustee.	corporation is in the hands o	f a receiver or trustee.
	ILED		Under penalty of p	perjury, I declare and affirm that companying schedules and stater	I have examined this re-

FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements		
File Date AUG 17 2009	contained herein are true and correct. Signature Signature Solution Solution Date		
Check No. By 09 (808)	Print or Type Name		
FOR SECRETARY OF STATE USE ONLY	Title Form 630 Rev. 08/08		