RALPH MOILE	tate of Rhode Island and Office of the Sec			NS Fee: \$50.00
Division Of Business Services				
148 W. River Street				
Providence RI 02904-2615				
cretary of Sta	(401) 22	2-3040		
Limited Liability Com	pany			
Annual Report Filing Period: September 1	- November 1			
	7-16-66(d), each limited liability hirty (30) days after the time pre			0
7-16-66(b&c)) is subject to	a penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	2011			
1. ID No. <u>000111014</u>				
2. Exact Name of the Limited Liability Company Jonty Company, LLC				
3. State of Formation				
State: <u>RI</u>				
TO ACQUIRE, DEVEL	e Character of the Business V OP, OWN, LEASE, MORTG		-	
DISPOSE OF REAL PR				
5. Principal Office Addre	SS			
	CENTRAL AVENUE			
City or Town: <u>PAV</u>	VTUCKET	State: <u>RI</u>	Zip: <u>02861</u>	Country: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and	Name or Titl	e of Contact Pe	erson:
Contact Name: Contact				
	CENTRAL AVENUE	~		~
City or Town: <u>PAV</u>	VTUCKET	State: <u>RI</u>	Zip: <u>02861</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		Addı	ress
	First, Middle, Last, Suffix	Addı	ess, City or Town, S	tate, Zip Code, Country
<u>. </u>				
	RHODE ISLAND - DO NOT ALT	ED		
	g of Form 642 - R.I.G.L. 7-16-1			
DREW Ρ ΚΑΡΙ ΔΝΙΟΝΙ	E PARK ROW SUITE 300 PROV	IDENCE RI	02903	
		<u>, , , , , , , , , , , , , , , , , ,</u>	<u></u>	

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 7 Day of September, 2011 at 11:30:29 AM 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 JONATHAN D. FAIN Signature of Authorized Person

Form No. 632 Revised 09/07

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