



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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 (h&c)) is subject to a penalty fee of \$25.00.

1. ID No. 153973		2. Exact name of the limited liability company JJP Cumberland, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE DEVELOPMENT	
5. Principal office address 1 Realty Way		City East Providence	State RI Zip 02914
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name John R. Pesce		Contact Title Manager	
Street Address 1 Realty Way		City East Providence	State RI Zip 02914
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name John R. Pesce		Manager Name	
Street Address 1 Realty Way		Street Address	
City East Providence	State RI	City	State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name RICHARD C. TALLO		Address	
Address 750 EAST AVENUE		City PAWTUCKET	Zip 02860-

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

FILED

File Date **OCT 10 2007**
Check No. **By 1476**
By: _____

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.

X **9-18-07**
Signature of Authorized Person Date

John R. Pesce

Print or Type Name of Authorized Person