



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 148112 2. Exact name of the limited liability company
JACS Enterprises, LLC

3. State of Formation Rhode Island 4. Brief description of the character of the business which is actually conducted in Rhode Island
CUSTOM DISPLAY MANUFACTURING

5. Principal office address
31 TANGLEWOOD DRIVE City EAST PROVIDENCE State RI Zip 02915

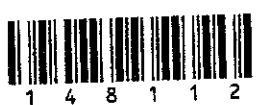
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME AND TITLE OF CONTACT PERSON
Contact Name John Simmons Contact Title _____
Street Address 31 TANGLEWOOD DRIVE City EAST PROVIDENCE State RI Zip 02915

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILE IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name _____ • Manager Name _____
Street Address _____ • Street Address _____
City _____ State _____ Zip _____ • City _____ State _____ Zip _____
Manager Name _____ • Manager Name _____
Street Address _____ • Street Address _____
City _____ State _____ Zip _____ • City _____ State _____ Zip _____

8. RESIDENT AGENT IN RHODE ISLAND, DO NOT ALTER (Changes require filing of Form 642, R.I.G.L. 7-16-52)
Agent Name James R. Simmons Address 56 Pine Street
City Providence, RI Zip 02903

This report must be signed in ink by an authorized person pursuant to 7-16-66.



File Date 7-16-08
Check No. 1389
By: MNC
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.

John Simmons 5/15/08
Signature of Authorized Person Date
Print or Type Name of Authorized Person