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

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ___2004___

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

* *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 (b&c)) is subject to a penalty fee of $25.00.*

| 1. ID No. | 2. Exact name of the limited liability company |
|---|---|
| 1/34363.5 | JMS Duarte, LLC |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| RI | Real estate holding company |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 25 W. Highland Avenue | Cumberland | RI | 02864 |

**6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:**

| Contact Name | Contact Title |
|---|---|
| Jose L. Duarte | Member |

| Street Address | City | State | Zip |
|---|---|---|---|
| 25 W. Highland Avenue | Cumberland | RI | 02864 |

**7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u>**
FILL IN SPACES BEFORE USING ATTACHMENTS    ("X" BOX FOR ATTACHMENT)  ☐

| 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**
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

## ▬ 134263

| FILED |
|---|
| File Date |
| **FILED** |
| Check No. __MAR 2 3 2009__ |
| By: __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 *Jose L. Duarte*  3/8/0
*Signature of Authorized Person*    *Date*

Jose L. Duarte    Member
*Print or Type Name of Authorized Person*