



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 2008

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

1. ID No. <u>134139</u>		2. Exact name of the limited liability company <u>Jand J Produce LLC</u>		
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Fruit and Veg sales</u>		
5. Principal office address <u>274 High st</u>		City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name <u>Jack Fernandes</u>		Contact Title <u>06247</u>		
Street Address <u>15 Estabrook Rd</u>		City <u>Hampton</u>	State <u>CT</u>	Zip <u>06247</u>
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) <input type="checkbox"/>				
Manager Name <u>Jack Fernandes</u>		Manager Name <u>Jack Fernandes</u>		
Street Address <u>15 Estabrook RD</u>		Street Address <u>15 Estabrook RD</u>		
City <u>Hampton</u>	State <u>CT</u>	Zip <u>06247</u>		
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip		
City <u>Hampton</u>		State <u>CT</u>	Zip <u>06247</u>	
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. 7-16-11				
Agent Name <u>Jack Fernandes</u>		Address		
Address <u>274 High st</u>		City <u>Woonsocket</u>	Zip <u>02895</u>	

FILED

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

APR 07 2009

By DS 1142
08/003

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.

File Date	<u>24-11-42</u>
Check No.	<u>SECRETARY OF STATE</u>
By:	<u>RECEIVED</u>
FOR SECRETARY OF STATE USE ONLY	

2009 APR -7

Signature of Authorized Person

Date

Jonathan Fernandes
Print or Type Name of Authorized Person