



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. 158893		2. Exact name of the limited liability company JA Black Rock Road, 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			
5. Principal office address 49 Blue Ridge Drive		City West Greenwich	State RI	Zip 02817	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Julie Andrews			Contact Title Member		
Street Address 49 Blue Ridge Drive		City West Greenwich	State RI	Zip 02817	
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 None			Manager Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name None			Manager Name None		
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 Americo M. Scungio, Esq.			Address		
Address 167 Main Street		City Westerly, RI	Zip 02891		

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

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.

Julie Andrews 5/20/09
Signature of Authorized Person Date

JULIE ANDREWS
Print or Type Name of Authorized Person

File Date	FILED
Check No.	MAY 21 2009
By:	By <i>090002</i>
FOR SECRETARY OF STATE USE ONLY	