



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 2009

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. 162043		2. Exact name of the limited liability company J SIMO PROPERTY, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROPERTY MANAGEMENT			
5. Principal office address 31 VICTORIA AVENUE		City CRANSTON	State RI	Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name PRISCA SIMO		Contact Title MANAGER			
Street Address 31 VICTORIA AVENUE		City CRANSTON	State RI	Zip 02920	
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 PRISCA SIMO		Manager Name			
Street Address 31 VICTORIA AVENUE		Street Address			
City CRANSTON	State RI	Zip 02920	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. 7-16-11					
Agent Name TAXPLUS		Address			
Address 112 RESERVOIR AVENUE		City PROVIDENCE	Zip 02907		

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

162043

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.

Prisca Simo 8/25/09
Signature of Authorized Person Date

PRISCA SIMO

Print or Type Name of Authorized Person

File Date	FILED
Check No.	AUG 26 2009
By:	By 1095
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