



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 2011

**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 <i>5011164030</i>	2. Exact name of the limited liability company JWJ Properties LLC				
3. State of Formation RI	4. Brief description of the character of the business which is actually conducted in Rhode Island lease real estate for work office				
5. Principal office address 319 Hope Street	City Providence	State RI	Zip 02906		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Jennifer Jencks					
Street Address 319 Hope Street	City Providence	State RI	Zip 02906		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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					

2011 OCT 21 AM 11:03  
RECEIVED  
CORPORATIONS DIV

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

201175784030

FILED

OCT 21 2011

By 154832

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.

*Jennifer W. Jencks*  
Signature of Authorized Person

10/20/11

Jennifer W. Jencks  
Print or Type Name of Authorized Person

File Date	
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	