

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2012

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

Entity ID No.	2. Exact name of the limited liability company  JCD Marketing, LLC						
000121201							
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island						
RI	Marketing, Consulting and agents to the business community						
5. Principal office address 17 <b>Whale Rock Rd</b>			City Jamestown	State RI	<b>02835</b>		
6. MALNE ADDRESS OF L	ETTED GABILIT	Y COLFANY AND	MALE OF HILE OF SCHILLS P	ERSON:			
Contact Name Jacquelyn A. Deinert			Contact Title Agent				
Street Address 17 Whale Rock Rd			City <b>Jamestown</b>	State <b>Fil</b>	7io 02835		
7. LIST <u>ALL</u> MANAGERS (N. ("X" BOX FOR ATTACHME	AMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name			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 RHC	DOE ISLAND	<u> </u>					
		e Office of the Secr	etary of State. Changes require t	iling Form 642			
			,				

File Date	Under penalty of perjury, I declare a this report, including any accompa and that all statements contained.		
Check No	AUG 2 7 2012	Jacquepy U. Deiners	8/23/2012
By:	3/1/	Signature of Authorized Person  Gacquelyn A. Deinert	Date
FOR SECRETARY OF STATE USE ONL		Print or Type Name of Authorized Parson	<del></del>

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Print or Type Name of Authorized P

Form No. 632 Revised: 01/2012