



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 2012**

**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 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 02920-6709	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PRISCA I SIMO			Contact Title MANAGER		
Street Address 31 VICTORIA AVENUE		City CRANSTON	State RI	Zip 02920-6709	
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 PRISCA I SIMO			Manager Name PRISCA I SIMO		
Street Address 31 VICTORIA AVENUE			Street Address 31 VICTORIA AVENUE		
City CRANSTON	State RI	Zip 02920-6709	City CRANSTON	State RI	Zip 02920-6709
Manager Name PRISCA I SIMO			Manager Name PRISCA I SIMO		
Street Address 31 VICTORIA AVENUE			Street Address 31 VICTORIA AVENUE		
City CRANSTON	State RI	Zip 02920-6709	City CRANSTON	State RI	Zip 02920-6709
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					

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

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

**FILED**

AUG 30 2012

1238

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* 8-29-12  
Signature of Authorized Person Date

PRISCA I SIMO

Print or Type Name of Authorized Person