



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

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.

1. Entity ID No. 92833		2. Exact name of the limited liability company JLLJ, LLC			
3. State of Formation R.I.		4. Brief description of the character of business conducted in Rhode Island OWNS REAL ESTATE			
5. Principal office address 52 CINDY ANN DR		City EAST GREENWICH	State R.I.	Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name JOANNE J. KORNIER		Contact Title MANAGER			
Street Address c/o LISA COOPER ESQ. 52 CINDY ANN DRIVE		City EAST GREENWICH	State R.I.	Zip 02818	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name LILLIAN F. PARKI		Manager Name			
Street Address 200 HOFFMAN AVE., APT. 301		Street Address			
City CRANSTON	State R.I.	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					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

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

FILED

AUG 13 2013

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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.

Joanne J. Kornier 8/10/13
Signature of Authorized Person Date

JOANNE J. KORNIER
Print or Type Name of Authorized Person