

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

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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. 146400 | | 2. Exact name of the limited liability company JALAK, LLC | | | | | |
|--|----------------|---|--|---------------------|---------------------|--|--|
| 3. State of Formation RHODE ISLAND | | Brief description of the character of business conducted in Rhode Island TO OWN REAL ESTATE | | | | | |
| 5. Principal office address 70 COMMERCIAL WA | COMMERCIAL WAY | | City EAST PROVIDENCE | State Ri | Zip 02915 | | |
| 6. MAILING ADDRESS OF LI | MITED LIABILIT | TY COMPANY AND | NAME OR TITLE OF CONTACT PERSO | N: | | | |
| Contact Name JOHN J. PETRONE | | | Contact Title | | | | |
| Street Address 70 COMMERCIAL WAY | | | | State RI | Zip 02915 | | |
| 7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME | | RESSES) OF THE | LIMITED LIABILITY COMPANY, IF APP | LICABLE - 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 | DE ISLAND | | | | | | |
| | | e Office of the Secr | etary of State. Changes require filing l | Form 642. | | | |
| | | | | | | | |

| File Date | FILED Under penalty of perjury, I declare and affirm that I have exami | ned nents, |
|---------------------------------|--|---------------|
| File Date | ard that all statements contained herein are true and correct. | |
| Check No | OCF 0 1 2018 olu A Petrome 9-2° | 1-13 |
| Ву: | Signature of Authorized Person Date OHN J. PETRONE | |
| FOR SECRETARY OF STATE USE ONLY | Print or Type Name of Authorized Person | |

Form No. 632 Revised: 01/2012