



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. 746408		2. Exact name of the limited liability company JACOB JAMES LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island CLASS A LICENSED ALCOHOLIC BEVERAGE WHOLESALE			
5. Principal office address 1 NOYES AVENUE # 7		City RUMFORD		State RI	Zip 02916
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name TOM PAULSEN		Contact Title PARTNER			
Street Address 1 NOYES AVENUE # 7		City RUMFORD		State RI	Zip 02916
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		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 Form 642.					

FILED

1255

OCT 09 2013

BY 02207872

2013 OCT -9 PM 12:55
SECRETARY OF STATE
CORPORATIONS DIV

File Date	
Check No	
By	
FOR SECRETARY OF STATE USE ONLY	

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.

Tom Paulsen
Signature of Authorized Person

10.9.13

Date

TOM PAULSEN
Print or Type Name of Authorized Person