

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.	2. Exact na	2. Exact name of the limited liability company					
164669	J0	JOE-PAUL REALTY HOLDINGS, LLC					
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND	0wne	Ownership and management of real estate.					
5. Principal office address 550 Pawtucket Avenue			City Pawtucket	State RI	Zip 02860		
6. MAILING ADDRESS OF LIM	TED LIABILI	TY COMPANY AND I	NAME OR TITLE OF CONTACT PER	ISON:			
Contact Name BARRY H. FIELD			Contact Title Member				
Street Address 550 Pawtucket Avenue			City Pawtucket	State RI	Zip 02860		
7. LIST <u>ALL</u> MANAGERS (NAM ("X" BOX FOR ATTACHMEN		RESSES) OF THE L	IMITED LIABILITY COMPANY, IF A	PPLICABLE - DO N	OT LIST MEMBERS		
Manager Name None.			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RHODI	E ISLAND						
This information is currently of	record in the	Office of the Secre	tary of State. Changes require filin	g Form 642.			

FILED

NOV 2.9 2019

File Date	Under penalty of perjury, I declare and affirm that I he this report, including any accompanying schedules and that all statements contained herein are true and		edules and statements.
Check No		and that all statements contained herein are t	11/27/13
Ву:		Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY		BARRY H. FIELD	
TOTAL COLUMN		Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012