

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.

_			Y DECEMBER 1 WILL RESUL	Г IN A \$25.00 PEN	ALTY FEE.	
1. Entity ID No.	2. Exact name	of the limited liability	company			
744942	JUR	7 1 0 1	TY LLC			
3. State of Formation	4. Brief descri	•	of business conducted in Rhode Is	land		
RL	RENV	TAL OF K	RESTLENTIAL :	PROPERTY		
5. Principal office address RIVER WAD			City NOOLN	State	Zip OSSGT	
6. MAILING ADDRESS OF	LIMITED LIABILITY	COMPANY AND NA	ME OR TITLE OF CONTACT PER	SON:		
Contact Name FEGGY RO	BETATIE		Contact Title BUKKE	EFER		
Street Address RIVER ROAD			LFN COLN	State	Zip OSSO	
7. LIST <u>all</u> managers	(NAMES AND ADDR	ESSES) OF THE LIM	ITED LIABILITY COMPANY, IF AF	PPLICABLE - DO N O	OT LIST MEME	3ERS
("X" BOX FOR ATTACH	MENT)		Managar Nama			*5.
Manager Name			Manager Name			
Street Address			Street Address N = 1			
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City	State	Zip	City	State	Zip 🔼	්ට උ
Manager Name			Manager Name		$\frac{1}{\omega}$	
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Street Address			Street Address			
City	State	Zip	City	State	Zip 234	20
8. RESIDENT AGENT IN R	HODE ICLAND				I	
		Office of the Secreta	ry of State. Changes require filin	a Form 642.	₽	
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			Under penalty of perjury, this report, including any	I declare and affirm	i that I have exa redules and eta	mined
File Date			and that all statements c			
Check No			Comes and lo		4/8	114
			Signature of Authorized Pe	erson	// <i>0/</i>	/_/ te

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

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