

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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	me of the limited lia	bility company			
159329	JLM Re	alty, LLC	any admipuny			
3. State of Formation	A Drief de					
3. State of Formation 4. Brief description of the character of business conducted in Rhode Island Real Estate Holding Company						
Rhode Island	RealEs	ate Holding Co	ompany			
5. Principal office addres	ss		City	State	Zin	
1347 Hartford Avenue			Johnston	RI	Zip 02919	
5. MAILING ADDRESS	OF LIMITED LIABIL	TY COMPANY AND	NAME OF TITLE OF CONTACT	PERSON.		
Contact Name			Contact Title	, meynr		
Joseph L. Mansolillo, D.D.S.			Member			
Street Address 1347 Hartford Avenue			City	State	Zip	
			Johnston	RI	02919	
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTA	IS (NAMES AND AD) CHMENT)	RESSES) OF THE	. НИТЕР (ABILTOY COMPANY.	FAPPLICABLE, DO	Neard Said Medicides	
Manager Name NONE			Manager Name			
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Street Address			Street Address			
City	State	Zip	City	State	77:	
	ĺ			State	Zip	
Manager Name			Manager Name			
NONE			NONE			
Street Address			Street Address			
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City	State	Zip	City	State	Zip 72 D 25	
				Joine	1º0 A	
3. RESIDENT AGENT IN	RHODE ISLAND				AU SE	
This information is curre	ently of record in th	Office of the Seci	retary of State. Changes require	filing Form 642		
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File Date

Check No.

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person

Date

Joseph L. Mansolillo, D.D.S., Member

Print or Type Name of Authorized Person