



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 **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. 000842514		2. Exact name of the limited liability company JoDi Realty, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Acquiring, developing, leasing, selling, and otherwise dealing in Real Property			
5. Principal office address 990 Mineral Spring Avenue		City North Providence		State RI	Zip 02904
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Joseph Ricci		Contact Title Registered Agent			
Street Address 990 Mineral Spring Avenue		City North Providence		State RI	Zip 02904
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE • DO NOT LIST MEMBERS (“X” BOX FOR ATTACHMENT) ☐					
Manager Name Joseph Ricci		Manager Name Diane Ricci			
Street Address 990 Mineral Spring Avenue		Street Address 990 Mineral Spring Avenue			
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
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

OCT 23 2014

21999

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.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person