



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(7)) is subject to a penalty fee of \$25.00.*

1. ID No. 156269		2. Exact name of the limited liability company J & J WOODWORKING, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real estate management	
5. Principal office address 51 Harris Avenue		City Johnston	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Stephen J. DiGianfilippo, Esq.		Contact Title Attorney	
Street Address 50 Park Row West, Suite 111		City Providence, RI	State RI
		Zip 02903	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name Joseph V. Bevilacqua		Manager Name	
Street Address 51 Harris Avenue		Street Address	
City Johnston	State RI	City	State
Zip 02919			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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 of Form 642 - R.I.G.L. 7-16-11			

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2014 OCT 31 AM 8:42

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**FILED**

OCT 31 2014

156269

BY VL 235571 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.

8:42

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

Joseph V Bevilacqua 10/27/14  
 Signature of Authorized Person Date  
 Joseph V. Bevilacqua  
 Print or Type Name of Authorized Person