



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. 000103141 | | 2. Exact name of the limited liability company J & J Realty Associates, LLC | | | |
| 3. State of Formation RI | | 4. Brief description of the character of business conducted in Rhode Island Real Estate | | | |
| 5. Principal office address 499 Warren Avenue | | City East Providence | State RI | Zip 02914 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name John Botelho | | Contact Title Manager | | | |
| Street Address 499 Warren Avenue | | City East Providence | State RI | Zip 02914 | |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Manager Name John Botelho | | Manager Name | | | |
| Street Address 499 Warren Avenue | | Street Address | | | |
| City East Providence | State RI | Zip 02914 | City | State | Zip |
| 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

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CORPORATIONS DIV

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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

John Botelho, Manager

Print or Type Name of Authorized Person

Date

4/20/15