STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liabilty company
100900	JC HOLDINGS, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	REAL ESTATE OPERATIONS

5. Principal office address	City	State	Zip
85 Aldrich Street	Providence	RI	02905

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
John J. O'Meara	Manager

Street Address	City	State	Zip
85 Aldrich Street	Providence	RI	02905

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	Manager Name
John J. O'Meara	Cecelia A. O'Meara
Street Address	Street Address
85 Aldrich Street	SAME
City / State / Zip	City / State / Zip
Providence / RI / 02905	
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND -*DO NOT ALTER*- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
RICHARD H. GREGORY, III	
Address	City / Zip
5 BENEFIT STREET	PROVIDENCE / 02904

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

[redacted] * 1 0 0 9 0 0 * [redacted]

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.

John J. O'Meara 9-18-02
Signature of Authorized Person *Date*

JOHN J. O'MEARA, Manager
Print or Type Name of Authorized Person

File Date	FILED 20
Check No.	OCT 30 2002
By:	BY [redacted] 29345

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 632 Rev. 6/02