



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
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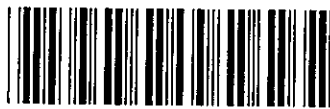
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 100900		2. Exact name of the limited liability company JC HOLDINGS, 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 OPERATIONS	
5. Principal office address 85 Aldrich Street		City Providence	State RI
		Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name John J. O'Meara		Contact Title Manager	
Street Address 85 Aldrich Street		City Providence	State RI
		Zip 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 John J. O'Meara		Manager Name Cecelia A. O'Meara	
Street Address 85 Aldrich Street		Street Address SAME	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 RICHARD H. GREGORY, III		Address	
Address 5 BENEFIT STREET		City PROVIDENCE	Zip 02904

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



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FILED	
File Date	20. 11 06 71
Check No.	OCT 30 2002
By:	BY COSA 293145
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.

John J. O'Meara 9-18-02
Signature of Authorized Person Date
JOHN J. O'MEARA, Manager
Print or Type Name of Authorized Person