

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2015

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.	2. Exact nam	2. Exact name of the limited liability company						
794051	J.A.M	J.A.M. BUSINESS VALUATION SERVICES, LLC						
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island						
Rhode Island			business valuation company					
5. Principal office address		V 10	City	<u> </u>	State	Zip		
	45 Cecile Avenue			Coventry	RI	02816-0	000	
	LEATED LIABILIT	Y COMPANY AND NAM					513,10	
Contact Name Joseph A. Mansou	r, Jr.		Cont	act Title Manager				
Street Address 45 Cecile Avenue		, <u>,</u>	City	Coventry	State RI	Zip 02816-0	000	
7. LEST ALL MANAGERS ("X" BOX FOR ATTACH	(MAMES AND ADDI	RESSES) OF THE LIM	TED LIAM	ILITY COMPANY, IF A	PRICABLE - BO H	OT LAST DESIGNATION	2	
Manager Name Joseph A. Mansou	r, Jr.		Mana	ger Name Gary F. Joyal	<u>, a contra Maria de Companya de Compa</u>			
Street Address 45 Cecile Avenue			Stree	t Address 4755 Technology	Way, Suite 205	, ,		
City Coventry	State RI	Zip 02816	City	Boca Raton	State FL	Zip 33431		
Manager Name			Mana	ger Name	<u></u>			
Street Address			Stree	t Address				
City	State	Zip	City		State	Zip		
8, RESIDENT AGENT IN R	HODE ISLAND							
This information is curren	tly of record in the	Office of the Secretar	of State	Changes require filir	ng Form 642.		_	

FILED

AUG 1 1 2015

BY KL 1031

Tie Dein	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements.				
Dark No.	and that all statements centained herein are true and cor	rrect.			
	//· 10-11 th	<u>09/01/20</u> 15			
	Signature of Authorized Person	Date			
FOR SECRETARY OF STATE USE ONLY	Joseph A. Mansour, Jr.				
CHARLES OF CHARLE OF CHE	Print or Type Name of Authorized Person				

Manager

Form No. 632 Revised: 01/2012