



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. <u>0001136617</u>		2. Exact name of the limited liability company <u>JLP L.L.C.</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Rental Property.</u>			
5. Principal office address <u>1938 Westminister Street</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	
6. MAILING ADDRESS		CITY	STATE	PERSON	
Contact Name <u>Jorge & Lidy Orellana</u>		Contact Title <u>Partner</u>			
Street Address <u>1111 Douglas Avenue</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	
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 <u>Jorge h. Orellana</u>		Manager Name <u>Lidy J Orellana</u>			
Street Address <u>10 Red Brook Crossing</u>		Street Address <u>10 Red Brook Crossing</u>			
City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>	City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>
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 842.					

10:26 AM
FILED

AUG 21 2015

By 255054

KUM

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2015 AUG 21 AM 10:25

File Date _____
 Check No. _____
 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] 6/11/15
 Signature of Authorized Person Date

Jorge L. Orellana.
 Print or Type Name of Authorized Person