

## 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 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 name of the limited liability company						
144389	J & D REALTY HOLDINGS, LLC						
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island						
RHODE ISLAND	LEASE, SELL AND/OR MANAGE REAL ESTATE						
5. Principal office address 79 STATE STREET - PO BOX 543			City NARRAGANSETT	State RI	Zip <b>02882</b>		
COMMENDATION ESSENTE	in the contract of	NEW TOTAL	de se la companie de				
Contact Name BARRY P. GALLUP, JR			Contact Title  MEMBER				
Street Address 79 STATE STREET - PO BOX 543			City NARRAGANSETT	State <b>Ri</b>	Zip <b>02882</b>		
7. LIST <u>all</u> managers (nam (*x* box for attachmen		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF AP	PLICABLE - <u>DO</u>	NOT:LIST MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RHOD	EISLAND	\$4.5 × 1	Cage.				
This information is currently o	f record in th	e Office of the Secr	retary of State. Changes require filing	Form 642.			

## **FILED**

SEP 1 4 2015

By 1117	d		
File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that affictatements contained herein are true and correct.		
By:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Barry P. Gallup, Jr.	9/02/2015	
FUR SECHE IANT OF STATE USE UNLT	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012