RI SOS Filing Number: 201580312880 Date: 09/23/2015 4:00 PM

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		
101123	JuLeo's LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
R.I.	Pizza Parlor		
5. Principal office address	City	State	Zip
909 Boston neck RD	NARRAGANSETT	R.I.	02882

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

Contact Name	Contact Title		
Julie M. Clark	Partner		
Street Address	City	State	Zip
15 Pettaquamscutt Lake RD	Saunderstown	R.I.	02874

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
Leo J Clark			Julie M. Clark		
Street Address			Street Address		
15 Petta Lake RD			15 Petta Lake RD		
City	State	Zip	City	State	Zip
Saunderstown	R.I.	02874	Saunderstown	R.I.	02874
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 642.

12:55pm
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SEP 23 2015
By C7410118
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SECRETARY OF STATE
CORPORATIONS DIV

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.

Julie M. Clark 9/23/15
Signature of Authorized Person Date

Julie M. Clark
Print or Type Name of Authorized Person

125692-1-1057054
Form No. 632
Revised: 01/2012