

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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.

846681	² JARZOM	2 Exact name of the limited liability company JARZOMBEK REALTY, LLC				
3. State of Formation RHODE ISLAND	4. Brief desc INVEST,	ription of the charac OWN, SELL, MA	iter of business conducted in Rhod ANAGE REAL ESTATE	le Island		
5. Principal office address 174 DIAMOND HILL ROAD			City ASHAWAY	State RI	Zip 02804	
6. MAILING ADDRESS OF	FLIMITED LIABILIT	Y COMPANY AND	NAME OF TITLE OF CONTACT I	PERSON:		
Contact Name STEPHEN JARZOMBEK			Contact Title MANAGER			
Street Address 174 DIAMOND HILL ROAD			City ASHAWAY	State RI	Zip 02804	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACK	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, I	FAPPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
4	'	l i				
Manager Name			Manager Name			
Street Address						
City —		Ein	City	State	Zip	
8. RESIDENT AGENT IN					1 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
This information is curre	ntly of record in th	e Office of the Sec	retary of State. Changes require	filing Form 642.		

OCT 0 8 2015

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, File Date and that all statements contained herein are true and correct. Check No STEPHEN JARZOMBEK, MANAGER

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012