

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

Filling 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				
143954	S.	J. Jack	ula Ria	ta i	Le l
3. State of Formation	4. Brief description	of the character of be	usiness conducted in Rhode Islan	id //	
P.I	Renta	e of R	eal Estate	,- X	ease
5. Principal office address Summe (ione 1	Clrine	City Conentry	State R.T	2ip 0 2816
6. MAILING ADDRESS OF LIMIT	ED LIABILITY C	OMPANY AND NAME (OR TITLE OF CONTACT HERSO	N:	
Contact Name Sandia Padula			Contact Title		
Street Address 88 Wood Come Whene			City Country	State P. D.	Zip 028/6
7. LIST <u>all</u> managers (name ("X" box for attachment)	S AND ADDRES	ISES) OF THE LIMITED	LIABILITY COMPANY, IF APPI	.ICABLE - <u>DO NO</u>	T LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
RESIDENT AGENT IN RHODE	ISLAND	<u>.i</u>			<u> </u>
This information is currently of r		ce of the Secretory of	State Changes maying Sline F		
		FILED OCT 0 8 2015			
		1000			
	BY	1222			
File Date			Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements conjuded herein are true and correct.		
Check No			Sandia Ta	dula	10/6/20
By:			Signature of Authorized Perso	Danul	Date
FOR SECRETARY OF STATE USE ONLY			Print or Type Name of Authorized Person		
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Form No. 632 Revised: 01/2012