

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

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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.

1. Entity ID No. 000789859	Exact name of the limited liability company Jac Mar LLC					
3. State of Formation	Brief description of the character of business conducted in Rhode Island Hold title and collect rents from real estate					
5. Principal office address 50 Roland Street			City Woonsock	et State	Zip 02895	
I. MAILING ADDRESS OF LI	MITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CO	INTACT PERSON:		
Contact Name Marcel Laliberte			Contact Title	Contact Title NASER -401-837-1064		
Street Address 50 Roland Street			City Woonsock	State RI	Zip 03895	
LIST ALL MANAGERS (NA ("X" BOX FOR ATTACHME	MES AND ADI	PRESSES) OF THE	LIMITED LIABILITY COI	MPANY, IF APPLICABLE - DO	NOT LIST MEMBER:	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
danager Name			? Manager Name	Manager Name		
Street Address			Street Address	Street Address		
Dity	State	Zip	City	State	Zip	
RESIDENT AGENT IN RHO	DE ISLAND					
his information is currently	of record in th	e Office of the Secr	etary of State. Changes	require filing Form 642.	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	

FILED

OCT 1 5 2015

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 gontained dereif are tryle and correct.

Signature of Authorized Person Date

Marcel Laliberte

Prin or Type Name of Authorized Person

Form No. 632 Revised: 01/2012