

## 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. 102450	<b>I</b>	2. Exact name of the limited liability company  JAG REALTY, LLC				
3. State of Formation RHODE ISLAND		Brief description of the character of business conducted in Rhode Island     TO OWN COMMERCIAL REAL ESTATE				
5. Principal office address 660 SCHOOL STREET			City PAWTUCKET	State RI	Zip <b>02860</b>	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT PE	RSON:		
Contact Name DAVID GUAY			Contact Title			
Street Address 660 SCHOOL STREET			City PAWTUCKET	State RI	Zip <b>02860</b>	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE LII	MITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name DAVID GUAY			Manager Name JUDY GUAY			
Street Address 455 PROSPECT STREET			Street Address 455 PROSPECT STREET			
City SEEKONK	State MA	Zip <b>02771</b>	City SEEKONK	State MA	Zip <b>02771</b>	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND					
This information is currer	ntly of record in the	Office of the Secret	ary of State. Changes require fil	ing Form 642.		

## FILED

OCT 1 9 2015

Bv	Under penalty of perjury, I declare and affirm that I have examined
File Date	this report, including any accompanying schedules and statements,
	and that all statements contained herein are true and correct.
Check No	10.7.15
Ву:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	DAVID GUAY
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012