



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. 136539		2. Exact name of the limited liability company JAMA, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To own and operate real estate			
5. Principal office address 120 Dudley Street, 3rd Floor		City Providence		State RI	Zip 02905
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Michael E. Migliori, MD		Contact Title Manager			
Street Address 392 Rochambeau Avenue		City Providence		State RI	Zip 02906
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Michael E. Migliori, MD		Manager Name Marianne Migliori			
Street Address 120 Dudley Street, 3rd Floor		Street Address 392 Rochambeau Avenue			
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02906
Manager Name Philip R. Rizzuto, MD		Manager Name			
Street Address 120 Dudley Street, 3rd Floor		Street Address			
City Providence	State RI	Zip 02905	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.					

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OCT 26, 2015

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BY 167

BY _____

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.

Signature of Authorized Person

Date

Michael E. Migliori, MD

Print or Type Name of Authorized Person