

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.

. Entity ID No. 789961	2. Exact nam JLTS Pro	2. Exact name of the limited flability company JLTS Properties LLC				
100001				-de labord		
. State of Formation Rhode Island		ription of the characte Management	er of business conducted in Rho	Ode istano		
Principal office address 28 Worcester Place MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N			City Oxford	State OX1 2JW	Zip GBR	
MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND N	AME OR TITLE OF CONTAC	PERSON:		
Contact Name Christian A. Perrett, Trustee			Member			
Street Address 28 Worcester Place 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE L			City Oxford	State OX1 2JW	Zip GBR	
			Manager Name Street Address			
Manager Name						
Manager Name						
	State	Zip		State	Zip	
Manager Name Street Address		Zip	Street Address	State	Zip	
Manager Name Street Address City		Zip	Street Address City	State	Zip	
Manager Name Street Address City Manager Name Street Address		Zip Zip	Street Address City Manager Name	State	Zip Zip	
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Manager Name Street Address City Manager Name Street Address City	State	Zip	Street Address City Manager Name Street Address	State	Zip	

FILED

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BI_ 	Under pensity 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 heroin are true, and correct.
	The flitted Hoch
Check No	Signature of Authorized Person Date
Ву:	Christian A. Perrett, Trustee
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012