

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. 963233	2. Exact name of the limited liability company JLAL PARTNERS LLC					
3. State of Formation Rhode Island	Brief description of the character of business conducted in Rhode Island Real estate property management					
5. Principal office address 21 Swan Court			City Cranston	State RI	Zip 02921	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND N	AME OF THE OF CONTACT P	ERSON:	egrapi terreni filmi eti odi ca i o	
Contact Name Stephen J. DiGianfilippo, Esq.			Contact Title Registered Agent			
Street Address 50 Park Row West, Suite 111			City Providence	State RI	Zip 02903	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE LI	MITED LIABILITY COMPANY, I	APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name Delara Lungen			Manager Name Matthew Lungen			
Street Address 21 Swan Court			Street Address 21 Swan Court			
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921	
Manager Name	<u> </u>	<u> </u>	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND	ercent and such a				
This information is curren	tly of record in the	Office of the Secret	ary of State. Changes require t	iling Form 642.		

FILED

NOV 0 5 2015

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012

Under penalty of perjury, I declare and affirm that I	
this report, including any accompanying schedules	and statements
and that all statements contained herein are true an	nd correct. /
Mark V	10/21/15

Signature of Authorized Person

Date

Matthew Lungen

Print or Type Name of Authorized Person