

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. 535723	2. Exact name Jackson S	2, Exact name of the limited liability company Jackson Street, LLC								
3. State of Formation	4. Brief descrip Purchase,	otion of the	character of bu	siness conducted in Rho ement, rental and s	de Island ale of real estate.					
5. Principal office address 42915 N Courage Trail				City Anthem	State AZ	Zip 85086				
Contact Name Peter D. Hamilton, Trus	stee	er ser stayer gar	g. ** *\LEP CESPA.	Contact Title Member						
Street Address Same as above				City	State	Zip				
Manager Name				Manager Name						
Street Address				Street Address						
City	State	Zip		City	State	Zip				
Manager Name			Manager Name							
Street Address			Street Address							
City	State	Zip		City	State	Zip				
Section Sectio	1.00		Services #126	**************************************		THE STATE OF THE S				
This information is currently	of record in the C	office of the	e Secretary of	State. Changes require	filing Form 642.					

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Form No. 632 Revised: 01/2012

Under penalty of perjuiths report, including a and that all statements	inv accompanying o	schedules and s	tate	nents,
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Signature of Authorized	Person		ate	•

Signature of Authorized Person

Peter Hamilton, Trustee

Print or Type Name of Authorized Person