

## 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.

3. State of Formation Rhode Island  4. Brief description of the character of business conducted in Rhode Island Real Estate.  City Barrington Ri  5. Principal office address F Abby Road  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name Joseph S. Merlino  Street Address F Abby Road  City Barrington  City Barrington  Manager Name Joseph S. Merlino  Street Address F Abby Road  City Barrington  Manager Name Manager Name Manager Name Street Address	1. Entity ID No.		2. Exact name of the limited liability company  JGM Realty Associates, LLC					
Rhode Island  5. Principal office address 5. Abby Road  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name  Joseph S. Merlino  Street Address 5. Abby Road  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS  ("X" BOX FOR ATTACHMENT)  Manager Name  Joseph S. Merlino  Street Address 5. Abby Road  City Barrington  Street Address 5. Street Address 5. Abby Road  City State RI  City State	93900	001111101	, , , , , , , , , , , , , , , , , ,					
Street Address 5 Abby Road  5. Principal office address 5 Abby Road 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name	3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island					
8 Abby Road  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name     Joseph S. Merlino  Street Address  5 Abby Road  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS     ("X" BOX FOR ATTACHMENT)  Manager Name     Joseph S. Merlino  Street Address  5 Abby Road  City Barrington  Kil  City Barrington  Manager Name  Street Address  City State  Zip Manager Name  Manager Name  Street Address	Rhode Island	Real Esta	ate.					
Contact Title Operating Manager  Street Address 5 Abby Road  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)  Manager Name Joseph S. Merlino  Street Address 5 Abby Road  City State RI Zip O2806  City State Zip O2806  Manager Name  Manager Name  Street Address 5 Abby Road  City State Zip O2806  Manager Name  Street Address  Street Address  Street Address  Street Address  City State Zip O2806  Manager Name  Street Address  City State Zip Street Address  Street Address  Street Address								
Street Address   State   Address   Street Address   State   RI     O2806	6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND N	AME OR TITLE OF CONTACT I	PERSON:			
S Abby Road  8 Barrington RI 02806  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT)  Manager Name Joseph S. Merlino  Street Address 5 Abby Road  City Barrington RI Zip 02806  Manager Name  Manager Name  Manager Name  Street Address  Street Address  State RI 02806  Manager Name  Street Address				V-111111111111111111111111111111111111				
Manager Name   Joseph S. Merlino   Street Address   Street Address   State   Zip   O2806   Manager Name   Zip   Manager Name   Manager Name   State   Zip   O2806   Manager Name   Manager Name   Manager Name   Manager Name   Street Address   S	O					Zip <b>02806</b>		
Street Address 5 Abby Road  City Barrington  Manager Name  Street Address  Street Address  City City City State RI  Zip O2806  Manager Name  Street Address  Street Address  City State Zip  Manager Name  Street Address  City State Zip  Manager Name			PRESSES) OF THE LI	MITED LIABILITY COMPANY, I	F APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
State RI Zip City State RI Zip City State Zip State Street Address Street Address City State Zip City State Zip State Zip Street Address Street Address State Zip City State Zip City State Zip State Zip State Zip City State Zip	Manager Name Joseph S. Merlino	ager Name seph S. Merlino		Manager Name				
Barrington RI 02806  Manager Name  Street Address  City State Zip City State Zip  8. RESIDENT AGENT IN RHODE ISLAND				Street Address				
Street Address  City State Zip City State Zip  8. RESIDENT AGENT IN RHODE ISLAND				City	State	Zip		
City State Zip City State Zip  8. RESIDENT AGENT IN RHODE ISLAND	Manager Name	1	•	Manager Name				
8. RESIDENT AGENT IN RHODE ISLAND	Street Address			Street Address				
	City	State	Zip	City	State	Zip		
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.								
	This information is curren	tly of record in the	e Office of the Secret	ary of State. Changes require	filing Form 642.			

File Date	EII FÑ	Uniter penalty of perjury, I declare and affirm to this report, including any accompanying of he and that the ments contained less increase.	dules and statements,
Check No	FILLU		11/4/15
Bv:	MOV 1 6 2015	Signature of Authorized Person	Date
		Joseph S. Merlino	
FOR SECRETARY OF STATE USE ONLY	PhC	Print or Type Name of Authorized Person	
No. 020	BY MANUFACTURE AND ADDRESS OF THE PARTY OF T		

Form No. 632 Revised: 01/2012