



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. <u>000789636</u>		2. Exact name of the limited liability company <u>JBJ Remodeling LLC</u>							
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Remodeling, Home Improvement</u>							
5. Principal office address <u>11 S. Angell St. #382</u>		<u>Providence</u>	City	<u>RI</u>	State	<u>02906</u>	Zip		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:									
Contact Name <u>Jeffery Smith</u>				Contact Title					
Street Address <u>11 S. Angell St #386</u>				<u>Providence</u>	City	<u>RI</u>	State	<u>02906</u>	Zip
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				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		
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.									

FILED

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BY CU 262156

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OFFICE OF THE SECRETARY OF STATE
DIVISION OF BUSINESS SERVICES

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.

Jeffery Smith
Signature of Authorized Person

11/30/15
Date

Jeffery Smith
Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

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