

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS OfAce 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 \_ 20/5

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.	2. Exact na	me of the limited liat	bility company			
753527			JEES, LLC			
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island  SALE OF BILD FEEDELS BILD SEED AND NATURE RELATED				
KHODE YSLINI	ND GIFTS	AND ANY	OTHER LAWFI	UL PURPOSE		
5. Principal office address  1000 BACD HILL RD			City	K State	Zip 02886	
6. MAILING ADDRESS	OF LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONT	ACT PERSON:		
RICHAED A. DEL SESTO				NEMBER		
Street Address  1000 BACD HILL RD			City	K State	0288P	
(*X* BOX FOR ATTAC	RS (NAMES AND ADE CHMENT) []	PRESSES) OF THE	LIMITED LIABILITY COMPA	ANY, IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN	RHODE ISLAND					
This information is curr	ently of record in the	OfAce of the Secr	etary of State. Changes rec	guire Àling Form 642.	** · · · · · · · · · · · · · · · · · ·	
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DEC 23 2015 BY KL 435, L

	Under penalty of perjury, I declare and afArm	
File Date	this report in flyding any accompanying sch	edules and statements
	and that all statements contained herein are	true and correct.
Check No	///s(\V /\V -	11 30 15
· · · · · · · · · · · · · · · · · · ·		11-68-12
Ву:	Signature of Authorized Person	Date
	Part 10h la Francis	
FOR SECRETARY OF STATE USE ONLY	CICHARI) WELL JESTO	
	Print or Type Name of Authorized Person	