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. **683003**	2. Exact name of the limited liability company **JIMENEZ HOLDING LLC**			
3. State of Formation **RI**	4. Brief description of the character of business conducted in Rhode Island **PROPERTY HOLDING**			
5. Principal office address **981 BROAD ST.**	City **PROVIDENCE**	State **RI**	Zip **02905**	

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name **JUAN JIMENEZ**	Contact Title **VICE -PRESIDENT**		
Street Address **65 KINFIELD ST.**	City **PROVIDENCE**	State **RI**	Zip **02909**

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS (SEE BOX FOR ATTACHMENT) ☐

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.

RECEIVED SECRETARY OF STATE CORPORATIONS DIV
2016 JAN 25 PM 1: 22

FILED

JAN 2 5 2016

BY _ℓ 265996_

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.

X _____
Signature of Authorized Person   Date

JUAN JIMENEZ
Print or Type Name of Authorized Person

FOR SECRETARY OF STATE USE ONLY

Form No. 632
Revised: 01/2012