



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 CORPORATIONS DIV

2016 SEP -6 AM 10:14

Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 92833		2. Exact name of the Limited Liability Company J.L.L.J., LLC			
3. NAICS Code 53		4. Brief description of the character of business conducted in Rhode Island OWN REAL ESTATE			
5. State of Formation R.I.					
6. Principal Office Address 57 CINDY ANN DR.			City EAST GREENWICH	State R.I.	Zip 02818
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JOANNE J. KORNER			Contact Title MANAGER		
Street Address 39 COLD BROOK DR.			City CRANSTON	State R.I.	Zip 02920
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name LILLIAN PARI			Manager Name		
Street Address 200 HOFFMAN AVE. #301			Street Address		
City CRANSTON	State R.I.	Zip 02920	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person JOANNE J. KORNER				Date 9/6/16	
Signature of Authorized Person <i>Joanne J. Korner</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 SEP 06 2016
 By 282716
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