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State of Knode Island and Providence Plantations

Department of State - Business Services Division

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	2 Event	nome of the Line	2.41.130			
000121201	2. Exact name of the Limited Liability Company JCD Marketing,LLC					
2 MAICC C- 4						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island MARKETING, CONSULTING AND AGENTS TO THE BUSINESS COMMUNITY					
81 - Other Services (except Pub	I THE BUSINESS COMMUNITY					
5. State of Formation]					
Ri						
6. Principal Office Address	·		City	State	Zip	
17 Whale Rock Road			Jamestown	RI	02835	
7. Mailing Address of Limited Lia	bility Comp	any and Name o	or Title of Contact Person			
Contact Name Jacquelyn A. Deir	ert		Contact Title Agent			
Street Address 17 Whale Rock Road		City Jamestown	State RI	Zip 02835		
8. List ALL managers (names an	d addresse	es) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST N	MEMBERS	
Manager Name	Manager Name					
Street Address	5			Street Address		
City	State	Zip	City	State	Zip	
Manager Name Manager Name						
Street Address Street Address						
City	01.1	<u> </u>				
Cny	State	Zip	City	State	Zip	
				Check the box to in	dicate an attachment	
9. Resident Agent in Rhode Island	d. This infor	mation is currently	of record with the Department of S	tate. Changes require filing	Form 642.	
Under penalty of perjury, I deck statements, and that all stateme	are and afi ents conta	firm that I have ined herein are	examined this report, includi true and correct.	ng any accompanying	schedules and	
Name of Authorized Person				Date		
Jacquelyn A. Deinert			9/03/2010	9/03/2016		
Signature of Authorized Person	Tics	Ell fr	PSQUMENT HERE ()	t		
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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