	State of Rhode Island and Pro Office of the Secreta		ons Fee: \$50
	Division Of Business 148 W. River S Providence RI 0290 (401) 222, 20	treet 04-2615	
HOPE	(401) 222-30	40	
imited Liability Cor	npany		
Annual Report Filing Period: September	1 - November 1		
	L. 7-16-66(d), each limited liability com hin thirty (30) days after the time presc a penalty fee of \$25.00.		<u>.</u>
ANNUAL REPORT YEAF	R: <u>2016</u>		
1. ID No. <u>00056390</u>	00		
2. Exact Name of the L	imited Liability Company <u>JMDH R</u>	Real Estate of Cranston	n, LLC
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
	ARTICLE III		
Using the following NAIC	ARTICLE III S codes, please select the code that b	est describes your bus	iness.
Using the following NAIC	-	best describes your bus	iness. <u>531312</u>
NAICS Code	S codes, please select the code that b	6	<u>531312</u>
NAICS Code	-	6	<u>531312</u>
NAICS Code 4. Brief Description of t	S codes, please select the code that b	6	<u>531312</u>
NAICS Code 4. Brief Description of t REAL ESTATE	S codes, please select the code that b	6	<u>531312</u>
NAICS Code 4. Brief Description of t <u>REAL ESTATE</u> 5. Principal Office Addr	S codes, please select the code that b he Character of the Business Which	6	<u>531312</u>
NAICS Code         4. Brief Description of t         REAL ESTATE         5. Principal Office Addr         No. and Street:       15-	S codes, please select the code that be he Character of the Business Which ress	n is Actually Conducte	<u>531312</u> ed in Rhode Island
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NAICS Code         4. Brief Description of t         REAL ESTATE         5. Principal Office Addr         No. and Street:       15-         City or Town:       CC         6. Mailing Address of L         Contact Name:       Contact         No. and Street:       15-         City or Town:       CC         6. Mailing Address of L         Contact Name:       Contact         No. and Street:       15-         City or Town:       CO	S codes, please select the code that be the Character of the Business Which ress 24 132ND STREET DLLEGE POINT State: imited Liability Company and Name t Title: 24 132ND STREET LEGE POINT State: of Each Manager of the Limited Liab	MY       Zip: 11356         or Title of Contact P         MY       Zip: 11356	<u>531312</u> ed in Rhode Island Country: <u>USA</u> Person: Country: <u>USA</u>
NAICS Code         4. Brief Description of t         REAL ESTATE         5. Principal Office Addr         No. and Street:       15-         City or Town:       CC         6. Mailing Address of L         Contact Name:       Contact         No. and Street:       15-         City or Town:       CC         Address of L       CO         Contact Name:       Contact         No. and Street:       15-         City or Town:       CO         7. Name and Address of       C	S codes, please select the code that be the Character of the Business Which ress 24 132ND STREET DLLEGE POINT State: imited Liability Company and Name t Title: 24 132ND STREET LEGE POINT State: of Each Manager of the Limited Liab	MY       Zip: 11356         e or Title of Contact P         MY       Zip: 11356         oility Company, if App	<u>531312</u> ed in Rhode Island Country: <u>USA</u> Person: Country: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LAURA MCGUIRE 107 DANIELSON PIKE SCITUATE, RI 02857

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 14 Day of September, 2016 at 7:33:37 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>BRIAN E EMMERT</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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