	State of Rhode Island and Providence Plantations Department of State - Business Services	s Divisior
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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. Exact nam	ne of the Limited Lia	ability Company					
147234	J.A.S. HOLD	DINGS LLC						
3. NAICS Code	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental and	Real Estate							
5. State of Formation	1							
RI								
6. Principal Office Address			City	State	Zip			
845 North Main Street Ste 8	·		Providence	RI	02904-5700			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name Dr Jennifer A. Sar	rkas		Contact Title President					
Street Address 28 Dorset Road			City Pawtucket	State RI	^{Zip} 02860			
8. List ALL managers (names an	nd addresses)	of the Limited Liabil		LE - DO NOT LIST N	MEMBERS			
Manager Name		!	Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Manager Name			Manager Name					
Street Address	F · viv.		Street Address					
City	State	Zip	City	State	Zip			
					ndicate an attachment			
9. Resident Agent in Rhode Island								
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	Date							
Dr Jennifer A. Sarkas	9/16/201	9/16/2016						
Signature of Authorized Person Signature of Authorized Person								

MAIL TO:

Division of Business Services

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

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



FORM 632 - Revised: 08/2016