



State of Rhode 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 558160		2. Exact name of the Limited Liability Company JMRI, LLC			
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island SHIPPING AND/OR RECEIVING			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 400 PUTNAM PIKE			City SMITHFIELD	State RI	Zip 02917
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JOANNE M. PETERSEN			Contact Title MANAGER		
Street Address 3 LORD FOXX RUN			City LINCOLN	State RI	Zip 02865
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name JOANNE M. PETERSEN			Manager Name		
Street Address 3 LORD FOXX RUN			Street Address		
City LINCOLN	State RI	Zip 02865	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 M. PETERSEN, MANAGER				Date <i>9/20/2016</i>	
Signature of Authorized Person <i>Joanne M. Petersen</i>			SIGN DOCUMENT HERE		

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 28 2016
 BY 2044DS