RI SOS Filing Number: 201609803120 Date: 10/03/2016 4:00 PM

St . . .node 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. Exact name of the Limited Liability Company		
535723	**Jackson Street, LLC**		
3. NAICS Code 53 - Real Estate and Rental a	4. Brief description of the character of business conducted in Rhode Island **Purchase, ownership, management, rental and sale of real estate.**		
5. State of Formation **RI**			
6. Principal Office Address **42915 N Courage Trail**	City **Anthem**	State **AZ**	Zip **85086**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name **Peter D. Hamilton, Trustee**	Contact Title **Member**		
Street Address **Same as above**	City	State	Zip

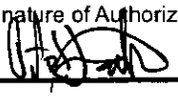
8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name **None**			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

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 **Peter D. Hamilton, Trustee**	Date 9·26·2016
Signature of Authorized Person X  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
OCT 03 2016
BY 384DS

139478-47-1157173

FORM 632 - Revised: 08/2016