(B)	State of Rhode Island and Providence Plantations  Department of State - Business Services Division
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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	Entity ID Number 2. Exact name of the Limited Liability Company						
159247 JAMBCO, LLC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53 Purchase of Formation			nd develop Real Estate				
5. State of Formation							
KL							
6. Principal Office Address  59 Oak Nill	Rd		City	State	2ip 02831		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name	ms.		Contact Title Partner				
Street Address 75 Km/L	Furnace	Rd.	City Hune	State	Zip 0283/		
8. List ALL managers (names ar	nd addresses)	of the Limited Liab	ility Compayly, IF APPLIC	ABLE - DO NOT LIST MI	EMBERS		
Manager Name			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 Islan	id. This informati	on is currently of rec	ord with the Department of S				
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	Burns			Date 9/29	7/16		
Signature of Authorized Person 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 0CT 0 3 2016

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