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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	2. Exact name of the Limited Liability Company					
1658126	Trio JEZ, LLC					
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Real estate management					
5. Principal Office Address		City	State	Zip		
215 Douglas Drive			Saunderstown	RI	02874	
6. Mailing Address of Limited Lia	· · · · · · · · · · · · · · · · · · ·					
Contact Name Stephen J. DiGianfilippo, Esq.		Contact Title Attorney				
Street Address 50 Park Row West, Suite 111		City Providence	State RI	^{Zip} 02903		
7. List ALL managers (names a		of the Limited Lial	bility Company, IF APPLICAE	BLE - DO NOT LIST I	MEMBERS	
Manager Name Janet M. Goulard		Manager Name				
Street Address 215 Douglas Drive		Street Address				
^{City} Saunderstown	State RI	^{Zip} 02874	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u> </u>			Check the box to it	ndicate an attachment	
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.						
Under penalty of perjury, I dec statements, and that all staten				g any accompanyin	g schedules and	
Name of Authorized Person			Date			
Janet M. Goulart			9-	26-16		
Signature of Authorized Person A MA O O SIGN DOCUMENT HERE						
Janet Michelly						

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 60 OCT 1 4 2016