	Office of the Secreta	ry of State	
HODE	Division Of Business 148 W. River S Providence RI 029 (401) 222-30	treet 04-2615	
imited Liability Co Innual Report	mpany		
iling Period: September	1 - November 1		
o file its annual report wi	.L. 7-16-66(d), each limited liability com thin thirty (30) days after the time presc a penalty fee of \$25.00.		
ANNUAL REPORT YEA	<b>R</b> : <u>2016</u>		
I. ID No. <u>0008699</u>	281		
2. Exact Name of the	Limited Liability Company Farmhou	ise JBO, LLC	
3. State of Formation			
State: <u>PA</u>			
	ARTICLE III		
Licing the following NAI	CS codes, please select the code that b	act describes your husiness	
NAICS Code		<u>6</u> <u>81</u>	
	the Character of the Business Which	n is Actually Conducted in Rh	ode Island
4. Brief Description of			
REAL ESTATE HOL	DING COMPANY		
REAL ESTATE HOL	DING COMPANY		
REAL ESTATE HOLI 5. Principal Office Add No. and Street: <u>1 FIN</u>	DING COMPANY	State: <u>RI</u> Zip: <u>02903</u> Co	ountry: <u>USA</u>
REAL ESTATE HOLT 5. Principal Office Add No. and Street: <u>1 FIN</u> City or Town: <u>PRO</u>	DING COMPANY Iress NANCIAL PLAZA SUITE 1800		ountry: <u>USA</u>
REAL ESTATE HOLI         5. Principal Office Add         No. and Street:       1 FIN         City or Town:       PRO         6. Mailing Address of I	DING COMPANY Iress NANCIAL PLAZA SUITE 1800 VIDENCE		ountry: <u>USA</u>
REAL ESTATE HOLI         5. Principal Office Add         No. and Street:       1 FIN         City or Town:       PRO         6. Mailing Address of I         Contact Name:       GERA         No. and Street:       ONE F	DING COMPANY Iress NANCIAL PLAZA SUITE 1800 VIDENCE Limited Liability Company and Name LD CONLAN Contact Title: FINANCIAL PLAZA, SUITE 1800	e or Title of Contact Person:	
REAL ESTATE HOLI         5. Principal Office Add         No. and Street:       1 FIN         City or Town:       PRO         6. Mailing Address of I         Contact Name:       GERA         No. and Street:       ONE F	DING COMPANY ress NANCIAL PLAZA SUITE 1800 VIDENCE Limited Liability Company and Name		
REAL ESTATE HOLI         5. Principal Office Add         No. and Street:       1 FIN         City or Town:       PRO         6. Mailing Address of I         Contact Name:       GERA         No. and Street:       ONE F         City or Town:       PROV	DING COMPANY Iress VANCIAL PLAZA SUITE 1800 VIDENCE Limited Liability Company and Name LD CONLAN Contact Title: FINANCIAL PLAZA, SUITE 1800 VIDENCE of Each Manager of the Limited Liab	e or Title of Contact Person: State: <u>RI</u> Zip: <u>02903</u> Co	ountry: <u>US</u> A
REAL ESTATE HOLI         5. Principal Office Add         No. and Street:       1 FIN         City or Town:       PRO         6. Mailing Address of I         Contact Name:       GERA         No. and Street:       ONE F         City or Town:       PRO         7. Name and Address	DING COMPANY Iress VANCIAL PLAZA SUITE 1800 VIDENCE Limited Liability Company and Name LD CONLAN Contact Title: FINANCIAL PLAZA, SUITE 1800 VIDENCE of Each Manager of the Limited Liab	e or Title of Contact Person: State: <u>RI</u> Zip: <u>02903</u> Co	ountry: <u>US</u> A

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ROBERT M. DUFFY, ESQ. ONE FINANCIAL PLAZA, SUITE 1800 PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 2 Day of November, 2016 at 11:23:24 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>GERALD CONLAN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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