State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 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 Fxact name	of the Limited Lia	-Lille Comment					
572007	J H DAVIS, LL		30lity Company					
3. NAICS Code			oter of business conducted in Rhy	· 1-1				
31-33 - Manufacturing	ARTIST	Brief description of the character of business conducted in Rhode Island ARTIST						
5. State of Formation	1							
RI								
6. Principal Office Address	<u></u>		City	State	Zip			
560 MINERAL SPRING AVENUE	E UNIT BF 100		PAWTUCKET	Ri	21p 02860			
7. Mailing Address of Limited Lia	7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name JILL DAVIS			Contact Title MEMBER					
Street Address 560 MINERAL SPRING AVENUE UNIT BF 100		City PAWTUCKET	State RI	Zip 02860				
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Name Manager Name								
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address		<u></u>			
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				Date				
JILL DAVIS - MEMBER			,	9-26-16				
Signature of Authorized Person								

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**

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ORM 32 - Revised: 08/2016