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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
000564056	J AND S ENTERPRISES, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
72 - Accommodation and Foo	RESTAURANT					
5. State of Formation]					
RI						
6. Principal Office Address	<u> </u>	<u>-</u>	City	State	Zip	
68 SOARES DRIVE			PORTSMOUTH	RI	02871	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name JASON PETERS			Contact Title MEMBER			
Street Address 68 SOARES DRIVE			City PORTSMOUTH	State RI	^{Zip} 02871	
8. List ALL managers (names ar	nd addresses) of	the Limited Liabil	ity Company, IF APPLICABLE - D	O NOT LIST ME	MBERS	
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 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						
JASON PETERS				10/7	31 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**

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