



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<br><b>799771</b>   |       | 2. Exact name of the Limited Liability Company<br><b>JNRI ASSOCIATES, LLC</b>                 |  |                         |                     |
| 3. NAICS Code<br><b>71</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>BOATING</b> |  |                         |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>   |       |   |  |                         |                     |
| 6. Principal Office Address<br><b>8 FREEBODY STREET</b>  |       | City<br><b>NEWPORT</b>  | State<br><b>RI</b>                       | Zip<br><b>02840</b>     |                     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |   |  |                         |                     |
| Contact Name<br><b>JAMES F. HYMAN</b>  |       |   | Contact Title<br><b>REGISTERED AGENT</b> |                         |                     |
| Street Address<br><b>8 FREEBODY STREET</b>   |       |   | City<br><b>NEWPORT</b>                   | State<br><b>RI</b>      | Zip<br><b>02840</b> |
| 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                           |                         |                     |
| 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 <input type="checkbox"/>   |       |   |  |                         |                     |
| 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<br><b>STEFANO LIDSAIO</b>  |       |   |  | Date<br><b>10/20/16</b> |                     |
| Signature of Authorized Person<br>   |       |   |  | NO DOCUMENT FEE         |                     |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FORM 632 - Revised: 08/2016

**FILED**  
NOV 09 2016  
By 10840 A.A.