

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| 1. Entity ID No. 308282 | 2. Exact name of the limited liability company JSD Realty, LLC | | | | | |
|--|--|--------------------|---------------------------------|-------------------------|-----------------------------------|--|
| 3. State of Formation Rhode Island | Brief description of the character of business conducted in Rhode Island Real Estate Holding Company | | | | | |
| 5. Principal office address 349 Waterman Avenue | | | City Smithfield | State RI | Zip 02817 | |
| | LIMITED LIABILI | Y COMPANY AND | NAME OF TITLE OF CONTACT | PERSON; | era ja grupinika išinus (, are et | |
| Contact Name Ronald M. Rainone | | | Contact Title Operating Manager | | | |
| Street Address 349 Waterman Avenue | | | City Smithfield | State RI | Zip 02817 | |
| 7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH | (NAMES AND ADD IMENT) 🗀 | RESSES) OF THE | LIMITED LIABILITY COMPANY, I | FAPPLICABLE - <u>DO</u> | NOT LIST MEMBERS | |
| Manager Name NONE | | | Manager Name NONE | | | |
| Street Address | | | Street Address | | \ | |
| City | State | Zip | City | State | Zip | |
| Manager Name NONE | | | Manager Name NONE | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 8. RESIDENT AGENT IN R | HODE ISLAND | | | | | |
| This information is curren | itly of record in the | Office of the Secr | etary of State. Changes require | filing Form 642. | | |

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| FOR SECRETARY OF STATE USE ONLY | Pi |

Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person

Date

Ronald M. Rainone, Member

Print or Type Name of Authorized Person