(I)	State of Rhode Island and Providence Plantations Department of State - Business Services Division ,

2016 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.

	105.						
1. Entity ID Number	2. Exact name of the Limited Liability Company						
963233	JLAL PARTNERS LLC						
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island						
Rhode island Real estate property management							
5. Principal Office Address			City	State	Zip		
21 Swan Court			Cranston	RI	02921		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Stephen J. DiGia	anfilippo, Esc	1-	Contact Title Attorney				
Street Address 50 Park Row We	est, Suite 111		City Providence	State RI	^{Zip} 02903		
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Delara Lungen			Manager Name Matthew Lungen				
Street Address 21 Swan Court		•	Street Address 21 Swan Court				
^{City} Cranston	State RI	^{Zip} 02921	City Cranston	State RI	^{Zip} 02921		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
8. Resident Agent in Rhode Island. This information is currently of record in 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							
Matthew Lungen /0/37//6							
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