

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.

L C C IDN	los .					
1. Entity ID Number	2. Exact name of the Limited Liability Company					
136743	JSMCO, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 Real Estate and Rental and	THE PURCHASE, OWNERSHIP, DEVELOPMENT, AND MAINTENANCE OF REAL PROPERTIES					
5. State of Formation						
RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
17 PECKHAM DRIVE			BRISTOL	RI	02809	
7. Mailing Address of Limited Lia		and Name or Tit				
Contact Name MICHAEL J. MILLS			Contact Title MANAGER			
Street Address 17 PECKHAM DRIVE			City BRISTOL	State RI	^{Zip} 02809	
8. List ALL managers (names ar		of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
Manager Name MICHAEL J. MILLS			Manager Name			
Street Address 17 PECKHAM DRIVE		Street Address				
City BRISTOL	State RI	^{Zip} 02809	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 Islan	d. This information	on is currently of re	cord with the Department of St	ate. Changes require filin	g Form 642.	
Under penalty of perjury, I decistatements, and that all statem				ng any accompanying	g schedules and	
Name of Authorized Person				Date _ /		
MICHAEL J. MILLS				9/30/16		
Signature of Authorized Person M M M M M M M M M M M M M						
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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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FORM 632 - Revised (88)