

R.I. DEPT. OF STATE

2016 DEC \_8 PM 3: 15

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 1004687	2. Exact name of the Limited Liability Company 185-189 JC, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental ar	To purchase and sell real estate					
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
PO Box 9013			Pawtucket	RI	02862	
7. Mailing Address of Limited Lia	bility Company	and Name or Tit		<u> </u>	<del> </del>	
Contact Name Jaime Rua		Contact Title Manager				
Street Address 51 Dix Avenue	s 51 Dix Avenue		City Johnston	State RI	<sup>Zip</sup> 02919	
8. List ALL managers (names ar	d addresses) o	f the Limited Lial	oility Company, IF APPLICA	ABLE - DO NOT LIST I	MEMBERS	
Manager Name Jaime Rua	nager Name Jaime Rua M			Manager Name		
Street Address 51 Dix Avenue		Street Address				
City Johnston	State RI	<sup>Zip</sup> 02919	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to it	ndicate an attachment	
9. Resident Agent in Rhode Islan	d. This information	n is currently of re	cord with the Department of St	tate. Changes require filin	ig Form 642.	
Under penalty of perjury, I deci statements, and that all statem				ng any accompanyin	g schedules and	
Name of Authorized Person			Date	9		
Jaime Rua			12/2	112		
Signature of Authorized Person	Vac	nothing	CUMENT 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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