



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>812243</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>J &amp; J CONSTRUCTION LLC</b>                                     |                                      |                           |                     |
| 3. NAICS Code<br><b>23 - Construction</b>                                                                                                                                                                   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>CARPENTER AND SHEET RACK SERVICES</b> |                                      |                           |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |       |                                                                                                                         |                                      |                           |                     |
| 6. Principal Office Address<br><b>503 1/2 CHALKSTONE AVENUE</b>                                                                                                                                             |       | City<br><b>PROVIDENCE</b>                                                                                               |                                      | State<br><b>RI</b>        | Zip<br><b>02908</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                         |                                      |                           |                     |
| Contact Name <b>JUAN GARCIA</b>                                                                                                                                                                             |       |                                                                                                                         | Contact Title <b>GENERAL PARTNER</b> |                           |                     |
| Street Address <b>503 1/2 CHALKSTONE AVE</b>                                                                                                                                                                |       | City <b>PROVIDENCE</b>                                                                                                  |                                      | State <b>RI</b>           | Zip <b>02908</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.                                                                   |       |                                                                                                                         |                                      |                           |                     |
| <i>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.</i> |       |                                                                                                                         |                                      |                           |                     |
| Name of Authorized Person<br><b>JUAN GARCIA</b>                                                                                                                                                             |       |                                                                                                                         |                                      | Date<br><b>12/20/2016</b> |                     |
| Signature of Authorized Person <i>Juan R Garcia</i> SIGN DOCUMENT HERE                                                                                                                                      |       |                                                                                                                         |                                      |                           |                     |

MAIL TO:  
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**DEC 23 2016**  
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