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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	2. Exact na	2. Exact name of the Limited Liability Company						
793677		J & M ENTERPRISES, LLC						
3, NAICS Code  5, State of Formation  RHODE ISLAND		Brief description of the character of business conducted in Rhode Island     TO OWN, HOLD, SELL, MANAGE REAL PROPERTY						
6. Principal Office Address			City	State	Zip			
430 CHARLES STREET			PROVIDENCE	RI	02904			
7. Mailing Address of Limited	Liability Compar	ny and Name or Ti	tle of Contact Person					
Contact Name LOUIS A. MARTONE			Contact Title MANAGER					
Street Address 430 CHARLES STREET			City PROVIDENCE	State RI	<sup>Zip</sup> 02904			
		) of the Limited Lia	ability Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS			
Manager Name LOUIS A. MARTONE			Manager Name					
Street Address 430 CHARLES STREET			Street Address					
City PROVIDENCE	State RI	Zip 02904	City	State	Zip			
Manager Name			Manager Name	, <u>.</u>	<u> </u>			
Street Address			Street Address					
City	State	Zip	City	State	Zip			
*****			<b>!_</b>	Check the box to i	indicate an attachment			
9. Resident Agent in Rhode Is	land, This informa	ition is currently of re	ecord with the Department of State					
Under penalty of perjury, I d statements, and that all stat	leclare and affir ements contain	m that I have exa ed herein are tru	mined this report, including e and correct.	any accompanyin	g schedules and			
Name of Authorized Person		*		Date 1	13 11			
LOUIS A. MARTONE, MANA	GER /			10	-19-16			
Signature of Authorized Person	M	Sando	CUMENT HERE	•	я.			
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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

