S	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business		
	148 W. River S		
	Providence RI 0290		
HOPE	(401) 222-30	40	
Limited Liability Com	ipany		
Annual Report			
Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability com		
to file its annual report with 16-66(b&c)) is subject to a	in thirty (30) days after the time presc	ribed by law (R.I.G.L. 7-	
ANNUAL REPORT YEAR:	2017		
1. ID No. <u>00008421</u>	<u>0</u>		
2. Exact Name of the Limited Liability Company J.J.V. REALTY COMPANY, LLC			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type			
of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further			
assistance with selecting			
NAIGE Code			
NAICS Code		<u> 6 53</u>	
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhod	le Island
-		-	
DEAL ECTATE			
<u>REAL ESTATE</u>			
5. Principal Office Addre	SS		
No. and Street: 67 OR	CHARD MEADOWS DRIVE		
	IFIELD	State: RI Zip: 02917 Coun	try: USA
		Suite. <u>14</u> 21p. <u>02917</u> Coun	<u></u>
6. Mailing Address of Li	mited Liability Company and Name	e or Title of Contact Person:	
Contact Name: JOSEPH	I VOCCOLA Contact Title: OWNER		
	CHARD MEADOWS DRIVE	-	
City or Town: <u>SMITH</u>	FIELD	State: <u>RI</u> Zip: <u>02917</u> Cour	ntry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.			
DO NOT LIST MEMBERS			
T :41-		A .1 I	
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Coc	le, Country
1	, , , =	, , , , , , , , , , , , , , , , , , ,	· · · · ·

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOSEPH VOCCOLA 67 ORCHARD MEADOWS DRIVE SMITHFIELD, RI 02917

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 31 Day of August, 2017 at 3:37:55 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOSEPH VOCCOLA

Signature of Authorized Person

Form No. 632 Revised 09/07

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