	State of Rhode Island and Pro Office of the Secreta		ions Fee: \$50.0
	Division Of Business	Services	
	148 W. River S	treet	
	Providence RI 0290	)4-2615	
HOPE	(401) 222-304	40	
imited Liability Co.	mpany		
Annual Report			
iling Period: September	1 - November 1		
n accordance with R.I.G	.L. 7-16-66(d), each limited liability comp	oany failing or refusin	g
	ithin thirty (30) days after the time presc	ribed by law (R.I.G.L.	7-
6-66(b&c)) is subject to	a penalty fee of \$25.00.		
ANNUAL REPORT YEA	<b>R</b> : <u>2017</u>		
1. ID No. <u>0001565</u>	<u>559</u>		
2. Exact Name of the	Limited Liability Company JGS INV	/ESTMENTS, LLC	
3. State of Formation			
State: RI			
assistance with selectin	g a classification <u>click here.</u>	E	52
NAIOS COUC		<u> </u>	<u>53</u>
STORAGE 5. Principal Office Add			
-	<u>19 14TH AVENUE</u> WARWICK Stata: Pl	7: 0000C	Counter IIC A
-	WARWICK State: <u>RI</u>	<u>I</u> Zip: <u>02886</u>	Country: <u>USA</u>
City or Town:			•
City or Town:	WARWICK       State: RI         Limited Liability Company and Name         REY B. GOLDSTEIN Contact Title:		•
City or Town:	WARWICK       State: RI         Limited Liability Company and Name         REY B. GOLDSTEIN Contact Title:         9 14TH AVENUE	e or Title of Contact	Person:
City or Town:	WARWICK       State: RI         Limited Liability Company and Name         REY B. GOLDSTEIN Contact Title:	e or Title of Contact	•
City or Town: 6. Mailing Address of Contact Name: JEFFF No. and Street: <u>1</u> City or Town: <u>M</u>	WARWICK       State: RI         Limited Liability Company and Name         REY B. GOLDSTEIN Contact Title:         9 14TH AVENUE         VARWICK       State: RI         of Each Manager of the Limited Liab	e or Title of Contact Zip: <u>02886</u>	Person: Country: <u>USA</u>
City or Town:	WARWICK       State: RI         Limited Liability Company and Name         REY B. GOLDSTEIN Contact Title:         9 14TH AVENUE         VARWICK       State: RI         of Each Manager of the Limited Liab         BERS	e or Title of Contact Zip: <u>02886</u> Dility Company, if A	Person: Country: <u>USA</u> pplicable.
City or Town: 6. Mailing Address of Contact Name: JEFFF No. and Street: <u>1</u> City or Town: <u>M</u> 7. Name and Address	WARWICK       State: RI         Limited Liability Company and Name         REY B. GOLDSTEIN Contact Title:         9 14TH AVENUE         VARWICK       State: RI         of Each Manager of the Limited Liab	e or Title of Contact Zip: <u>02886</u> Dility Company, if A	Person: Country: <u>USA</u>
City or Town: 6. Mailing Address of Contact Name: JEFFF No. and Street: <u>1</u> City or Town: <u>M</u> 7. Name and Address DO NOT LIST MEME	WARWICK       State: RI         Limited Liability Company and Name         REY B. GOLDSTEIN Contact Title:         9 14TH AVENUE         VARWICK       State: RI         of Each Manager of the Limited Liab         BERS         Individual Name	e or Title of Contact Zip: <u>02886</u> Dility Company, if A	Person: Country: <u>USA</u> pplicable.

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

JEFFREY B. GOLDSTEIN 19 FOURTEENTH AVENUE WARWICK, RI 02886

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 9:57:01 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 <u>JEFFREY B. GOLDSTEIN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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