



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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2017 SEP 11 PM 2:31

Annual Report for the year: 2017  
 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>911776</b>  |       | 2. Exact name of the Limited Liability Company<br><b>Jossey International LLC</b>                          |                               |                        |                     |
| 3. NAICS Code<br><b>531110<br/>531190</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Investor</b> |                               |                        |                     |
| 5. State of Formation<br><b>RI</b>  |       |  |                               |                        |                     |
| 6. Principal Office Address<br><b>451 Logee St</b>  |       |  | City<br><b>Woonsocket</b>     | State<br><b>RI</b>     | Zip<br><b>02895</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                               |                        |                     |
| Contact Name<br><b>Sylvester Okpoko</b>   |       |  | Contact Title<br><b>Owner</b> |                        |                     |
| Street Address<br><b>451 Logee St</b>   |       |  | City<br><b>Woonsocket</b>     | State<br><b>RI</b>     | Zip<br><b>02895</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.   |       |  |                               |                        |                     |
| <b>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.</b> |       |  |                               |                        |                     |
| Name of Authorized Person<br><b>E.A. Frazier</b>  |       |  |                               | Date<br><b>9/11/17</b> |                     |
| Signature of Authorized Person  |       |  |                               |                        |                     |

**FILED**

SEP 11 2017

BY **J. 03/21/93**

MAIL TO:  
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