| s second | itate of Rhode Island and Pro Office of the Secreta | | Fee: \$50.00 |
|--|--|--|---------------------|
| | Division Of Business 148 W. River S | | |
| | Providence RI 0290 | | |
| HOPE | (401) 222-304 | | |
| 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 within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. | | | |
| ANNUAL REPORT YEAR: | <u>2017</u> | | |
| 1. ID No. <u>000135830</u> | | | |
| 2. Exact Name of the Limited Liability Company <u>AGWJ, LLC</u> | | | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| ARTICLE III | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | | | |
| <u>523999</u> | | | |
| 4. Brief Description of th | e Character of the Business Which | is Actually Conducted in | Rhode Island |
| TO PURCHASE, OWN | , IMPROVE, LEASE, OPERATE, | SELL, MORTGAGE AN | ID OTHERWISE |
| | ND PERSONAL PROPERTY | | |
| 5. Principal Office Addre | SS | | |
| No. and Street: <u>99</u> | POWER STREET | | |
| City or Town: <u>PR</u> | OVIDENCE State: H | <u>AI</u> Zip: <u>02906</u> Co | ountry: <u>USA</u> |
| 6. Mailing Address of Li | mited Liability Company and Name | or Title of Contact Perso | on: |
| Contact Name: MICHAEL W. JOUKOWSKY Contact Title: | | | |
| | <u>POWER STREET</u> DVIDENCE State: | RI Zip: 02906 Co | ountry: USA |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| Title | Individual Name | Address | |
| | First, Middle, Last, Suffix | Address, City or Town, State, | |
| MANAGER | MICHAEL W JOUKOWSKY | 99 POWER STREET PROVIDENCE, RI 02906- USA | |

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

SARAH T. DOWLING ONE CITIZENS PLAZA, 8TH FLOOR PROVIDENCE, RI 02903

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

Signed this 13 Day of September, 2017 at 7:49:27 AM 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>MICHAEL W. JOUKOWSKY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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