s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-30		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
<b>1. ID No.</b> <u>000097912</u>	2		
2. Exact Name of the Li	mited Liability Company <u>J.M. &amp; S</u>	SONS PROPERTIES, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
531120			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rho	de Island
RENTAL REAL ESTAT	<u>`E</u>		
5. Principal Office Addre	SS		
	RAILROAD STREET NVILLE Stat	e: <u>RI</u> Zip: <u>02838</u> Countr	y: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:	
Contact Name: Contact	Title:		
	RAILROAD STREET VILLE Stat	e: <u>RI</u> Zip: <u>02838</u> Countr	ry: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liak	ility Company, if Applicable.	
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	de, Country
MANAGER	JOHN B COTE	385 POND STREET UXBRIDGE, MA 01569 USA	
MANAGER	MONIQUE COTE	385 POND STREET	

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

JOHN B. COTE 256 RAILROAD STREET MANVILLE, RI 02838

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

**Signed this 20 Day of September, 2017 at 1:16:02 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 JOHN B. COTE Signature of Authorized Person

Form No. 632 Revised 09/07

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