RI SOS Filing Number: 201750895470 Date: 10/2/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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	1 -	2. Exact name of the Limited Liability Company				
664971	Jenne	Jennell, LLC				
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island				
53 1110	Real esta	Real estate holding company				
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zîp	
425 Angell Street			Providence	RI	02908	
7. Mailing Address of Limited		any and Name o				
Contact Name Charles M. Riotto, DMD			Contact Title Manager	Contact Title Manager		
Street Address 425 Angell Street			City Providence	State RI	^{Zip} 02908	
8. List ALL managers (name:	s and addresse	s) of the Limited	Liability Company, IF APPLICAB	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
9. Resident Agent in Rhode Is	sland. This inforr	nation is currently	of record with the Department of Stat	te. Changes require fil	ing Form 642	
Under penalty of perjury, I o statements, and that all sta	declare and afi tements conta	firm that I have ined herein are	examined this report, including true and correct.	g any accompanyi	ng schedules and	
Name of Authorized Person				Date		
Charles M. Riotto, DMD				9/11/2017		
Signature of Authorized Person	Littz	Da	State a His			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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