Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7:16:66(0), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7:16:66 (08:60) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 000116410 2. Exact Name of the Limited Liability Company JSK, LLC 3. State of Formation State: CT ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More Information on NAICS can be found online. 721110 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island RENTING THE ROOMS(MOTEL) 5. Principal Office Address No. and Street: 593 PROVIDENCE NEW LONDON TURNPIKE Contact Tittie: NO					
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 Interpretation of the limited liability company failing or refusing to file its annual report within thirty (30) days after the time presenbed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 000116410 2. Exact Name of the Limited Liability Company JSK, LLC 3. State of Formation State: CT ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 721110 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island REPORT HER ROOMS(MOTEL) 5. Principal Office Address No. and Street: 593 PROVIDENCE NEW LONDON TURNPIKE City or Town: NORTH STONINGTON State: CT Zip: 06359 Country: US2 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 593 PROVIDENCE NEW LONDON TURNPIKE City or Town: NORTH STONINGTON State: CT Zip: 06359Country: US2 Contact Title: No and Street: 593 PROVIDENCE NEW LONDON TURNPIKE Cit	Si			Fee: \$50.00	
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	Title			de Coustra	
NORTH STONINGTON, CT 06359- USA	MANAGER		593 PROVIDENCE NEW LONDC	ON TURNPIKE	

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

RENUKA PATEL 7825 POST ROAD NORTH KINGSTOWN, RI 02852

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

Signed this 6 Day of October, 2017 at 3:36:47 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>YOGESH PATEL</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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