RI SOS Filing Number: 201751362160 Date: 10/10/2017 4:00:00 PM

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| State of Rhode Island and Providence Plantations  Department of State - Business Services Division | <del></del> |
|--|-------------|
| bepartment of state - basiness services bivision   | <b>~</b>    |
| Annual Report for the year: 2017   | •           |
| Limited Liability Company  |             |
| → Filing period: September 1 - November 1 → Filing Fee: \$50.00                                    |             |

| 1. Entity ID Number 161908                           |                       | 2. Exact name of the Limited Liability Company  JBY Partners, LLC   |   |                          |                        |  |  |
|--|-----------------------|---|---|--------------------------|------------------------|--|--|
| 3. NAICS Code<br>531390                              |                       | Brief description of the character of business conducted in Rhode Island     Real estate holdings and other lawful business |   |                          |                        |  |  |
| 5. State of Formation Rhode Island                   |                       |   |   |                          |                        |  |  |
| 6. Principal Office Address                          |                       |   | City  | State                    | Zip                    |  |  |
| 77 Reservoir Circle                                  |                       |   | Jamestown   | RI                       | 02835                  |  |  |
| 7. Mailing Address of Limit                          | ed Liability Compa    | iny and Name o  |   |                          | <del>_</del>           |  |  |
| Contact Name Clement Napolitano                      |                       | Contact Title Member  | Contact Title Member                              |                          |                        |  |  |
| Street Address 77 Reservoir Circle                   |                       |   | Cily Jamestown                                    | State RI                 | <sup>Zip</sup> 02835   |  |  |
| 8. List ALL managers (nar                            | mes and addresses     | s) of the Limited   | Liability Company, IF APPLICAB                    | LE - DO NOT LIST         | MEMBERS                |  |  |
| Manager Name   |                       | Manager Name  | Manager Name                                      |                          |                        |  |  |
| Street Address                                       |                       |   | Street Address                                    | Street Address           |                        |  |  |
| City   | State                 | Zıp   | City  | State                    | Z:p                    |  |  |
| Manager Name   |                       |   | Manager Name                                      | Manager Name             |                        |  |  |
| Street Address                                       |                       |   | Street Address                                    |                          |                        |  |  |
| City   | State                 | Zıp   | City  | State                    | Zıp                    |  |  |
| · · · · · · · · · · · · · · · · · · ·                |                       | <del></del>   | <u> </u>  | Check the box to         | indicate an attachment |  |  |
| 9. Resident Agent in Rhod                            | e Island, This inform | nation is currently   | of record with the Department of State            | le. Changes require fili | ng Form 642.           |  |  |
| Under penalty of perjury, statements, and that all s | •                     |   | examined this report, including true and correct. | g any accompanyir        | ng schedules and       |  |  |
| Name of Authorized Person                            |                       |   | Date  |                          |                        |  |  |
| Christain Infantolino, Esq.                          |                       |   |   | 10/06/2017               |                        |  |  |
| Signature of Authorized                              |                       | ///86   | ∮ DOCUMENT #ERF                                   | •                        |                        |  |  |

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 1 0 2017