



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

S.T.A. 3

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 131936		2. Exact name of the Limited Liability Company J & D LACROIX REALTY, L.L.C.			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Real estate management <i>52311</i>			
5. Principal Office Address 15 Warren Avenue			City Cumberland	State RI	Zip 02864
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Stephen J. DiGianfilippo, Esq.			Contact Title Attorney		
Street Address 50 Park Row West, Suite 111			City Providence	State RI	Zip 02903
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Jacqueline P. Lacroix			Manager Name		
Street Address 15 Warren Avenue			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<input type="checkbox"/> Check the box to indicate an attachment					
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person Jacqueline P. Lacroix				Date 9/30/17	
Signature of Authorized Person <i>Jacqueline P. Lacroix</i> SIGN DOCUMENT HERE					

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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OCT 11 2017

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