



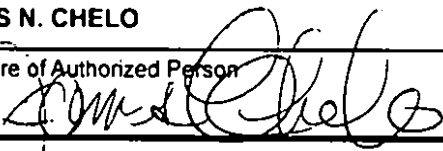
State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

**STAMP**

FOR  
SECRETARY OF STATE  
USE ONLY

**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<br><b>744942</b>  |       | 2. Exact name of the Limited Liability Company<br><b>JCBC REALTY, LLC</b>                                    |   |                    |                     |
| 3. NAICS Code<br><b>53 1110</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>LESSORS OF REAL ESTATE</b> |   |                    |                     |
| 5. State of Formation<br><b>RI</b>  |       |  |   |                    |                     |
| 6. Principal Office Address<br><b>628 SNAKE HILL ROAD</b>   |       |  | City<br><b>NORTH SCITUATE</b>                 | State<br><b>RI</b> | Zip<br><b>02857</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |   |                    |                     |
| Contact Name <b>KAREN CHELO</b>   |       |  | Contact Title <b>ADMINISTRATIVE ASSISTANT</b> |                    |                     |
| Street Address <b>628 SNAKE HILL ROAD</b>   |       |  | City <b>NORTH SCITUATE</b>                    | State <b>RI</b>    | Zip <b>02857</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |   |                    |                     |
| Manager Name  |       |  | Manager Name                                  |                    |                     |
| Street Address  |       |  | Street Address                                |                    |                     |
| City  | State | Zip  | City  | State              | Zip                 |
| Manager Name  |       |  | Manager Name                                  |                    |                     |
| Street Address  |       |  | Street Address                                |                    |                     |
| City  | State | Zip  | City  | State              | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |  |   |                    |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |  |   |                    |                     |
| <i>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.</i> |       |  |   |                    |                     |
| Name of Authorized Person<br><b>JAMES N. CHELO</b>  |       |  |   | Date               |                     |
| Signature of Authorized Person<br>   |       |  |   | 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

**FILED**

OCT 18 2017

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