



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

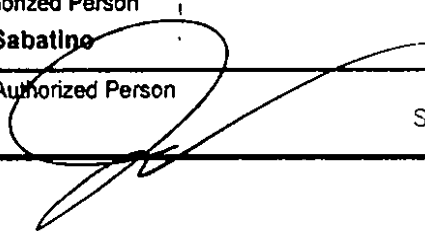
Annual Report for the year: **2017**

**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<br><b>153668</b>                                                                                                                                                                        |                    | 2. Exact name of the Limited Liability Company<br><b>JLS Business Solutions LLC</b>                                |                         |                         |                     |
| 3. NAICS Code<br><b>541611</b>                                                                                                                                                                              |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Business Consulting Services</b> |                         |                         |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |                    |                                                                                                                    |                         |                         |                     |
| 6. Principal Office Address<br><b>1301 Atwood Avenue, Suite 215 N</b>                                                                                                                                       |                    | City<br><b>Johnston</b>                                                                                            |                         | State<br><b>RI</b>      | Zip<br><b>02919</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                    |                                                                                                                    |                         |                         |                     |
| Contact Name<br><b>Joseph L. Sabatino</b>                                                                                                                                                                   |                    |                                                                                                                    | Contact Title           |                         |                     |
| Street Address<br><b>1301 Atwood Avenue, Suite 215 N</b>                                                                                                                                                    |                    |                                                                                                                    | City<br><b>Johnston</b> | State<br><b>RI</b>      | Zip<br><b>02919</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                    |                                                                                                                    |                         |                         |                     |
| Manager Name<br><b>Joseph L. Sabatino</b>                                                                                                                                                                   |                    |                                                                                                                    | Manager Name            |                         |                     |
| Street Address<br><b>1301 Atwood Avenue, Suite 215 N</b>                                                                                                                                                    |                    |                                                                                                                    | Street Address          |                         |                     |
| City<br><b>Johnston</b>                                                                                                                                                                                     | State<br><b>RI</b> | Zip<br><b>02919</b>                                                                                                | 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>Joseph L. Sabatino</b>                                                                                                                                                      |                    |                                                                                                                    |                         | Date<br><b>10/11/17</b> |                     |
| 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](http://www.sos.ri.gov)

**FILED**

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