St	ate of Rhode Island and Pro Office of the Secreta		ONS Fee: \$50.0
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	reet 14-2615	
Limited Liability Comp Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability comp thirty (30) days after the time presc enalty fee of \$25.00.		7_
ANNUAL REPORT YEAR:	2017		
1. ID No. <u>000901799</u>			
2. Exact Name of the Lin	nited Liability Company <u>JRV W(</u>	OODWORKS LLC	
3. State of Formation			
0			
State: <u>CT</u>			
	ARTICLE III	business conducted by	/ the entity. Download
Enter the six digit NAICS C	-	•	/ the entity. Download
Enter the six digit NAICS C the list of codes <u>here.</u> More <u>236188</u>	ode that best describes the primary	online.	-
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

PAUL F. SINGER, ESQ. 28 CAROLINA MAIN STREET CAROLINA, RI 02812

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

Signed this 24 Day of October, 2017 at 8:36:21 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 JOHN R VICKERMAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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