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## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

R.I. DEPT. OF BUS SVCS

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY.FEE.

|  |   |                        |                                     |                | 0                   |
|--|---|------------------------|-------------------------------------|----------------|---------------------|
| 1. Entity ID No.<br>162802               | 2. Exact name of the limited liability company  JJP South New Bedford, LLC  |                        |                                     |                |                     |
| 3. State of Formation                    | 4. Brief description of the character of business conducted in Rhode Island |                        |                                     |                |                     |
| Rhode Island                             | Real Estate   |                        | #531190                             |                |                     |
| 5. Principal office address 1 Realty Way |   |                        | City<br>East Providence             | State<br>RI    | Zip<br>02914        |
| 6. MAILING ADDRESS OF                    | LIMITED LIABILIT  | Y COMPANY AND NA       | AME OR TITLE OF CONTACT PER         | SON:           |                     |
| Contact Name John Pesce                  |   |                        | Contact Title Manager               |                |                     |
| Street Address 1 Realty Way              |   |                        | City<br>East Providence             | State<br>RI    | Zip<br><b>02914</b> |
| 7. LIST <u>ALL</u> MANAGERS (I           |   | RESSES) OF THE LI      | MITED LIABILITY COMPANY, IF A       | PPLICABLE - DO | NOT LIST MEMBERS    |
| Manager Name<br>John Pesce               |   |                        | Manager Name                        |                |                     |
| Street Address 1 Realty Way              |   |                        | Street Address                      |                |                     |
| City<br>East Providence                  | State<br>RI   | Zip<br>0 <b>2914</b>   | City                                | State          | Zip                 |
| Manager Name                             |   |                        | Manager Name                        |                |                     |
| Street Address                           |   |                        | Street Address                      |                |                     |
| City                                     | State   | Zip                    | City                                | State          | Zip                 |
| 8. RESIDENT AGENT IN RI                  | HODE ISLAND   |                        | l                                   |                |                     |
| This information is current              | tly of record in the  | e Office of the Secret | ary of State. Changes require filir | ng Form 642.   |                     |

**FILED** 

OCT 24 2017

BY \$ 315579

| File Date                        | Under penelty 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. |  |  |
|----------------------------------|--|--|--|
| Check No                         | 10/(2/17   |  |  |
| Ву:                              | Signature of Authorized Person Date  |  |  |
| FOR SECRETARY OF STATE USE ONLY  | John Pesce   |  |  |
| TON SCORE IANT OF STATE USE ONE! | Print or Type Name of Authorized Person  |  |  |

Form No. 632 Revised: 01/2012