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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: _ **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

147751 3. NAICS Code 521110	JMR	the Limited Liab	ility Company (. ,		j
147751 3. NAICS Code 521110	JMR	? Pro	nontres	. 1	, ,	
521110	Brief descriptio		1700	<u></u>	<u>.LC</u>	
	4. Brief description of the character of business conducted in Rhode Island					
	Æ	peal 9	Estate			ľ
5. State of Formation	N	LWI (
RI					l Carre	Zip
6. Principal Office Address	<u> </u>		City	.1.	State	a
40 Malbone St			Warwie	UC_	14	102888
7. Mailing Address of Limited Liabilit	ty Company an	d Name or Title	of Contact Person			
Contact Name Len Muler			Contact Title Lipa TST Stare Zipa TST			
Surea Address 1 160 ne St			CIVALVI	CL	Siane	02888
8. List ALL managers (names and	addresses) of t	he Limited Liabi	lity Company, IF APPL	ICABLE - C	O NOT LIST M	EWREK2
N- /	Mana ger-N ame					
Street Address	=		Street Address		<i>-</i>	
Cit s	, -	7:	City		Staten	Zip
Manager Name			Manager Name			
Street Address			Street Address			
City	 State	Zip	City		State	Zip
<u> </u>		<u> </u>		Ch	neck the box to it	ndicate an attachment
9. Resident Agent in Rhode Island		a la murranthu of ra	cood with the Departmen			
9. Resident Agent in Rhode Island Under penalty of perjury, I declar	. This information	that I have eva	mined this report. in	cluding any	y accompanyin	g schedules and
Under penalty of perjury, I decia statements, and that all stateme	ents contained	herein are tru	e and correct.			
Name of Authorized Person					Date	10/00/0
Stephen Miller					X	0/4/11
Signature of Authorized Person	1116/	,	•			
Jash	week					

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 DV

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