

ovidence Plantations

2017

Business Services Division

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FOR SECRETARY OF STATE USE OF A

Annual Report for the 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	2. Exact name of the Limited Liability Company					
971168	JBEAZ, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
42 - Wholesale Trade y久川l	WHOLESALE					
5. State of Formation						
RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
133 FORDSON AVENUE APT (09		CRANSTON	RI	02910	
7. Mailing Address of Limited Lia	ability Compan	y and Name or Tit				
Contact Name JHANLEY BAEZ			Contact Title MANAGER			
Street Address 133 FORDSON AVENUE APT 09			City CRANSTON	State RI	^{Z_{ip}} 02910	
8. List ALL managers (names a	nd addresses)	of the Limited Lia	bility Company. IF APPLICAE	BLE - DO NOT LIST I	MEMBERS	
Manager Name JHANLEY BAEZ			Manager Name			
Street Address 133 FORDSON AVENUE APT 09			Street Address			
City CRANSTON	State RI	Zip 02910	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
	<u> </u>			Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Isla	nd. This informa	ation is currently of re	ecord with the Department of Sta	te. Changes require filir	ng Form 642.	
Under penalty of perjury, I dec statements, and that all stater				g any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
JHANLEY BAEZ				10/02/2	10/02/2017	
Signature of Authorized Person	AEC	SIGN DO	OCUMENT 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

