	State of Rhode Island and Pro Office of the Secreta		5 Fee: \$50.0
	Division Of Business 148 W. River St		
	Providence RI 0290		
HOPE	(401) 222-304	0	
Limited Liability Con Annual Report			
	7-16-66(d), each limited liability comp hin thirty (30) days after the time prescr a penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2017</u>		
1. ID No. <u>00015568</u>	33		
2. Exact Name of the L	imited Liability Company J.W. Bate	es, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary b re information on <u>NAICS</u> can be found o	-	e entity. Download
<u>236115</u>			
	he Character of the Business Which	is Actually Conducted	in Rhode Island
4. Brief Description of t	he Character of the Business Which	is Actually Conducted	in Rhode Island
		is Actually Conducted	in Rhode Island
4. Brief Description of t	ess	is Actually Conducted	in Rhode Island
4. Brief Description of t     BUILDER     5. Principal Office Addr No. and Street: <u>13</u>			in Rhode Island
4. Brief Description of the second seco	ess 3 ACORN DRIVE	Zip: <u>02891</u> C	Country: <u>USA</u>
4. Brief Description of the BUILDER 5. Principal Office Address No. and Street: 13 City or Town: W 6. Mailing Address of L	ess <u>3 ACORN DRIVE</u> <u>'ESTERLY</u> State: <u>RI</u> imited Liability Company and Name	Zip: <u>02891</u> C	Country: <u>USA</u>
4. Brief Description of the BUILDER     5. Principal Office Address     No. and Street: 13     City or Town: W     6. Mailing Address of L     Contact Name: Contact     No. and Street: 13	ess <u>3 ACORN DRIVE</u> <u>'ESTERLY</u> State: <u>RI</u> imited Liability Company and Name t Title: <u>ACORN DRIVE</u>	Zip: <u>02891</u> C or Title of Contact Pers	Country: <u>USA</u> son:
4. Brief Description of the BUILDER     5. Principal Office Address     No. and Street: 13     City or Town: W     6. Mailing Address of L     Contact Name: Contact     No. and Street: 13	ess <u>3 ACORN DRIVE</u> <u>'ESTERLY</u> State: <u>RI</u> imited Liability Company and Name t Title:	Zip: <u>02891</u> C or Title of Contact Pers	Country: <u>USA</u>
4. Brief Description of the second street         BUILDER         5. Principal Office Address         No. and Street:       13         City or Town:       W         6. Mailing Address of L         Contact Name:       Contact         No. and Street:       13         City or Town:       W	ess <u>3 ACORN DRIVE</u> <u>'ESTERLY</u> State: <u>RI</u> imited Liability Company and Name t Title: <u>ACORN DRIVE</u> <u>ESTERLY</u> State: <u>RI</u> of Each Manager of the Limited Liab	Zip: <u>02891</u> C or Title of Contact Pers Zip: <u>02891</u> C	Country: <u>USA</u> son: ountry: <u>USA</u>
4. Brief Description of the BUILDER 5. Principal Office Addression of the BUILDER No. and Street: 13 City or Town: We 6. Mailing Address of L Contact Name: Contact No. and Street: 13 City or Town: We 7. Name and Address of L	ess <u>3 ACORN DRIVE</u> <u>'ESTERLY</u> State: <u>RI</u> imited Liability Company and Name t Title: <u>ACORN DRIVE</u> <u>ESTERLY</u> State: <u>RI</u> of Each Manager of the Limited Liab	Zip: <u>02891</u> C or Title of Contact Pers Zip: <u>02891</u> C	Country: <u>USA</u> son: ountry: <u>USA</u> cable.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

R. PAUL KUHN, ESQ. 29 POST ROAD WESTERLY, RI 02891

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

**Signed this 7 Day of November, 2017 at 2:53:48 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 <u>**R. PAUL KUHN ESQ.</u>** Signature of Authorized Person</u>

Form No. 632 Revised 09/07

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