State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 2017	
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.	

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Entity ID Number	2. Exact name of the Limited Liability Company					
1658126	Trio JEZ, LLC					
3. State of Formation	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Real estate management					
	F	5131				
5. Principal Office Address			City	State	Zip	
215 Douglas Drive			Saunderstown	RI	02874	
6. Mailing Address of Limited L	iability Compan	y and Name or Titl	e of Contact Person			
Contact Name Stephen J. DiGianfilippo, Esq.			Contact Title Attorney			
Street Address 50 Park Row West, Suite 111		City Providence	State RI	^{Zip} 02903		
7. List ALL managers (names	and addresses)	of the Limited Liab	oility Company, IF APPLICAE	BLE - DO NOT LIST I	MEMBERS	
Manager Name Janet M. Goulart			Manager Name			
Street Address 215 Douglas Drive		Street Address				
^{City} Saunderstown	State RI	^{Zip} 02874	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			1	Check the box to i	ndicate an attachment	
8. Resident Agent in Rhode Isl	and. This informa	tion is currently of re	cord in the Department of State.	Changes require filing	Form 642.	
Under penalty of perjury, I de statements, and that all state				g any accompanyin	g schedules and	
Name of Authorized Person				Date		
Janet M. Goulart				10 -	30-1/	
Signature of Authorized Person	LM	Helic		•		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

