RI SOS Filing Number: 201753359960 Date: 11/14/2017 4:00:00 PM



R.I. DEPT. OF STATE

2017 MOV 14 PM 12: 46

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.

1. Entity ID Number <b>877705</b>	2. Exact name of the Limited Liability Company  JNB, LLC				
3. NAICS Code 531311	4. Brief description of the character of business conducted in Rhode Island  ANY LAWFUL BUSINESS  Real Estate				
5. State of Formation					
RHODE ISLAND					
6. Principal Office Address			City	State	Zip
C/O ROBINSON & COLE LLP, ONE FINANCIAL PLAZA			PROVIDENCE	RI	02903
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ROGER A. PETERS, II, ESQ.			Contact Title		
Street Address ONE FINANCIAL PLAZA, SUITE 1430			City PROVIDENCE	State RI	<sup>Zip</sup> <b>02903</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name NONE			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
_			CI	neck the box to indi-	cate an attachment
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty 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.					
Name of Authorized Person				Date	,
THOMAS M. RYAN				11/0	2017
Signature of Authorized Person					

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

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BY 0 317472

FORM 632 - Revised: 08/2017