



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2017**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | |
|--|-------|--|--------------------|
| 1. Entity ID No. 150194 | | 2. Exact name of the limited liability company JORICA DEVELOPMENT LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of business conducted in Rhode Island REAL ESTATE OWNERSHIP AND DEVELOPMENT NAICS CODE 531110 | |
| 5. Principal office address 650 WASHINGTON HWY., SUITE 200 | | City LINCOLN | State RI |
| | | Zip 02865 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name JOSEPH RAHEB | | Contact Title ATTORNEY | |
| Street Address 650 WASHINGTON HWY., SUITE 200 | | City LINCOLN | State RI |
| | | Zip 02865 | |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| Manager Name NONE | | Manager Name | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| | | | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| | | | |
| 8. RESIDENT AGENT IN RHODE ISLAND | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | |

FILED ✓

DEC 19 2017

BY CU 320234

File Date _____

Check No 1091

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

JOSEPH KISHFY

Print or Type Name of Authorized Person

Date

12/19/17

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 CORPORATIONS DIV
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