Annual Report for the year: 20/8**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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2018 SEP 10 PM 1: 14

1. Entity ID Number	2. Exact name	of the Limited Lia	bility Company			
504895	James Place, LLC					
3 NAICS Code	Brief description of the character of business conducted in Rhode Island					
531120	10 Hold Real Estate					
5. State of Formation	10 Mora year 25tack					
RI						
6. Principal Office Address			City	State	Zip	
130 Fletcher Road			North Kingstown	RI	02852	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Repecca Quattrocchi			Contact Title OWNES			
Street Address 130 Fletcher Road			Worth Kingstown	State RI	Zip 02852_	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Repecca Quattrocchi			Manager Name			
Street Address 130 Fletcher Road			Street Address			
North Kingstown	State RI	2ip 02852	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
Check the box to indicate 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					10	
Rebecca Quattrocchi 9-4-18					-18	
Signature of Authorized Person SIGN DOCUMENT HERE						
Teberra Quattrouche						

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 SEP 10 2018 1:14

BY CO BX 16-5