State of Rhode Island and Providence Plantations Office of the Secretary of State       Invision Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report       Invision Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2018       1. ID No. 000746408         1. ID No. 000746408       2. Exact Name of the Limited Liability Company JACOB JAMES, LLC         3. State of Formation State: RI       ARTICLE III	Fee: \$50.04
148 W. River Street Providence RI 02904-2615 (401) 222-3040         1000000000000000000000000000000000000	
(401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2018 1. ID No. 000746408 2. Exact Name of the Limited Liability Company JACOB JAMES, LLC 3. State of Formation State: RI ARTICLE III	
Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2018         1. ID No. 000746408         2. Exact Name of the Limited Liability Company JACOB JAMES, LLC         3. State of Formation         State: RI	
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1. ID No.       000746408         2. Exact Name of the Limited Liability Company JACOB JAMES, LLC         3. State of Formation         State: RI	
2. Exact Name of the Limited Liability Company JACOB JAMES, LLC  3. State of Formation State: <u>RI</u> ARTICLE III	
3. State of Formation State: <u>RI</u> ARTICLE III	
State: <u>RI</u> ARTICLE III	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Do	
the list of codes here. More information on NAICS can be found online.	wnload
424820	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode I	sland
CLASS B LICENSED ALCOHOLIC BEVERAGE WHOLESALE	
5. Principal Office Address	
No. and Street:80 VINEYARD STCity or Town:PAWTUCKETState: RIZip: 02860Country: US	<u>SA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: Contact Title: No. and Street: <u>80 VINEYARD ST</u>	
City or Town:         PAWTUCKET         State: RI         Zip:         02860         Country:         US	
	<u>5A</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	<u>3A</u>
	<u>3A</u>

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

STEVEN WYNN 80 VINEYARD ST PAWTUCKET, RI 02860

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

**Signed this 5 Day of October, 2018 at 8:57:27 AM 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>OTTAVIA DE LUCA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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