

SECRETARY OF STATE CORPORATIONS DIV

2018 OCT -5 AM II: 28

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.

1. Entity ID Number	2 Eyectina	me of the Limited I	Johlsu Company			
	2 Exact name of the Limited Liability Company					
788235 3 NAICS Code	JACKFORALL LLC					
1	The provided the sound of bookings of institutions (since					
State of Formation TNFO ON POLITICAL, HEALTH CARE						
5 State of Formation 4 N/O ON 1						
$R \mathcal{F}$.						
Principal Office Address			City	State	Z·p	
25 LEO AVE			PROU	RIT	02904	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name ROBERT TACQUES			Contact Title			
25 LISO AVE			C.ty PROV	State 7	71P02904	
8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name _			Manager Name			
Street Address			Street Address			
City	State	Z:p	City	State	∕ıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Z _i p	
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 842,						
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 Poster TALQUES 10-5-18						
Signature of Authorized Person Ruled Medius						

MAIL TO:

Division of Business Services

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

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

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FORM 632

FORM 632 - Revised: 10/2017