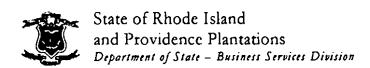


RI SOS Filing Number: 201879616880 Date: 10/17/2018 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_ 2018

Filing Period: September 1 - November 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\*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

001682831	2. Exact name of the limited liability company Johnson Brothers Property Management, LLC		5. NAIC 5313	3. NAICS Code 531312	
4. Brief description of eal property m	-	ness which is actually condu	cted in Rhode Island		of Formation Island
6. Principal office address 2130 MENDON ROAD, SUITE 3-123		City Cumberland	State RI	7.ip 02864	
7. MAILING ADDI Contact Name Garrick B. Joh	<del></del>	BILITY COMPANY AND	NAME OR TITLE OF CONTACT  Contact Title  Manager	r person:	
Street Address 2130 MENDON ROAD, SUITE 3-123			City Cumberland	State RI	7 <i>ip</i> 02864
			Combonana	<u></u>	
	RESS OF EACH MANA		LIABILITY COMPANY, IF APPI ACHMENTS ("X" BOX FOR	LICABLE - <u>DO NOT I</u> ATTACHMENT)	LIST MEMBER
8. NAME AND ADD Manager Name Garrick B. Jo	PRESS OF EACH MANA FILL IN SPACE	GER OF THE LIMITED	LIABILITY COMPANY, IF APPI	ATTACHMENT)	LIST MEMBER
Manager Name Garrick B. Jo	PRESS OF EACH MANA FILL IN SPACE	GER OF THE LIMITED ES BEFORE USING ATT	LIABILITY COMPANY, IF APPI ACHMENTS ("X" BOX FOR Manager Name	ATTACHMENT)	
Manager Name Garrick B. Jo	PRESS OF EACH MANA FILL IN SPACE	GER OF THE LIMITED ES BEFORE USING ATT	LIABILITY COMPANY, IF APPI ACHMENTS ("X" BOX FOR Manager Name Gabrielle B. John	ATTACHMENT)	
Manager Name Garrick B. Jo Street Address 2130 MENDON	PRESS OF EACH MANA FILL IN SPACE  hnson  ROAD, SUITE 3-1	GER OF THE LIMITED ES BEFORE USING ATT.	LIABILITY COMPANY, IF APPI ACHMENTS ("X" BOX FOR Manager Name Gabrielle B. John Street Address 2130 MENDON RO	ATTACHMENT)   nson  AD, SUITE 3-123	Zip
Manager Name Garrick B. Jo Street Address 2130 MENDON City Cumberland	PRESS OF EACH MANA FILL IN SPACE  hnson  ROAD, SUITE 3-1	GER OF THE LIMITED ES BEFORE USING ATT.	LIABILITY COMPANY, IF APPI ACHMENTS ("X" BOX FOR Manager Name Gabrielle B. John Street Address 2130 MENDON RO City Cumberland	ATTACHMENT)   nson  AD, SUITE 3-123	Zip

**FILED** 

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). OCT 17 2018

BY 1003 0°

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

Date

File Date \_\_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

By:

Garrick B. Johnson, Manager