RI SOS Filing Number: 201880539310 Date: 10/31/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

2018 OCT 31 AM II: 21

Annual Report for the year: 30/8
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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1. Entity ID Number	2. Exact name of the Limited Liability Company				
00024875-8	JAV Kealty LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
<i>5</i> 31110	Developer				
5. State of Formation	1				
RI					
6. Principal Office Address			City	State	Zip
14 Berkley 54			E. Prov	KI	029/4
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Joseph Vieira			Contact Title HANA BER		
Street Address 14 Derkluy 5+			E Prov	State	Zip 029/4
8. List ALL managers (hames and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Joseph Viera			Manager Name		
Street Address Curt St			Street Address		
Crtx Spekon K	State A	Zip のよつフノ	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
			<u> </u>	Check the box to	indicate an attachment
9. Resident Agent in Rhode Isla	nd. This informatio	n is currently of rec	ord with the Department of Sta	te. Changes require fil	ing Form 642.
Under penalty of perjury, I de statements, and that all state	clare and affirm ments contained	that I have exan I herein are true	nined this report, including and correct.	g any accompanyi	ng schedules and
Name of Authorized Person Date					
Joseph Vierra 10/31/18					
Signature of Authorized Person					
111				rii En c	

MAIL/TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 3 1 2018 11'.2 (

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