



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV
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Annual Report for the year: 2018
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 001661936 | | 2. Exact name of the Limited Liability Company Jackson Flat Holdings, LLC | | | |
| 3. NAICS Code 531190 | | 4. Brief description of the character of business conducted in Rhode Island TO OWN, OPERATE, MANAGE AND LEASE REAL ESTATE AND SUCH OTHER PURPOSES AS MAY BE PERMITTED UNDER AND PURSUANT TO RI LAW | | | |
| 5. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 640 Hope Furnace Road | | City Hope | State RI | Zip 02831 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Tony Darakji | | | Contact Title LLC Member | | |
| Street Address 640 Hope Furnace Road | | City Hope | State RI | Zip 02831 | |
| 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 | Zip | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 Tony Darakji | | | | Date | |
| Signature of Authorized Person | | | | SIGN DOCUMENT HERE | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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