s s	itate of Rhode Island and Pro Office of the Secret		ONS Fee: \$50.00
	Division Of Busines		
	148 W. River S Providence RI 029		
HODE	(401) 222-30		
HUPEP		-	
Limited Liability Com Annual Report	ipany		
Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability com in thirty (30) days after the time prese penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
<b>1. ID No.</b> <u>00167164</u>	<u>5</u>		
2. Exact Name of the Li	mited Liability Company <u>JCM Ec</u>	ge Brown, LLC	
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
the list of codes <u>here.</u> Mor $523920$	e information on <u>NAICS</u> can be found	online.	
4. Brief Description of th	e Character of the Business Whic	h is Actually Conduc	ted in Rhode Island
THE GENERAL CHAR	ACTER OF THE BUSINESS OF	THE LLC IS TO EN	IGAGE IN
	IANAGEMENT SERVICES ANI	O ANY OTHER LAV	WFUL BUSINESS,
<u>TRADE,</u> <u>PURPOSE OR ACTIVI</u>	TY PERMITTED BY THE ACT.		
5. Principal Office Addre	SS		
No. and Street: 50	RESNIK ROAD		
	<u>YMOUTH</u> State: <u>M</u>	<u>A</u> Zip: <u>02360</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Nam	e or Title of Contact	Person:
Contact Name: Contact	Title:		
No. and Street: 50 F	RESNIK ROAD		
City or Town: PLY	<u>MOUTH</u> State: <u>M</u>	<u>A</u> Zip: <u>02360</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Lia	bility Company, if Ap	oplicable.
Title	Individual Name	hΔ	dress
	First, Middle, Last, Suffix		, State, Zip Code, Country

MANAGER	JCM INVESTMENT MANAGER LLC	50 RESNIK ROAD PLYMOUTH, MA 02360 USA			
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11					
NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914					
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).					
•		authorized person. This electronic rument constitutes the affirmation or			

nent 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 GARY F JOYAL

Signature of Authorized Person

Form No. 632 Revised 09/07

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