



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2019

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 138413		2. Exact name of the limited liability company JBIM REALTY LLC.			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE (531390)			
5. Principal office address 2745 PAWTUCKET AVE		City EAST PROVIDENCE	State RI	Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name JOHN MCKENNA		Contact Title PRESIDENT			
Street Address 2745 PAWTUCKET AVE		City EAST PROVIDENCE	State RI	Zip 02914	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name JOHN MCKENNA		Manager Name BERNARD MCKENNA			
Street Address 162 SWEETBRIAR DRIVE		Street Address 42 WARMAN AVE			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED *oz*
 AUG 23 2019
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File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY

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.

John P. McKenna 8/20/2019
 Signature of Authorized Person Date

John P. McKenna
 Print or Type Name of Authorized Person