RI SOS Filing Number: 201919503060 Date: 9/13/2019 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
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 000791637	2. Exact name of the Limited Liability Company JTN LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531390	Real estate management and consulting					
5. State of Formation	1					
RI						
6. Principal Office Address			City	State	Zıp	
13 Narragansett Avenue			Jamestown	RI	02835	
7. Mailing Address of Limited Lia	ability Compan	y and Name or Tit			<u> </u>	
Contact Name Amy S. Barclay de Tolly			Contact Title Manager			
Street Address PO Box 99		City Jamestown	State RI	^{Zıp} 02835		
8. List ALL managers (names a	nd addresses)	of the Limited Lia	bility Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name Amy S. Barclay de Tolly		Manager Name				
Street Address PO Box 99		Street Address				
City Jamestown	State RI	Zip 02835	City	State	Ζιρ	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
				Check the box to	indicate an attachment	
9. Resident Agent in Rhode Isla	ind. This informa	ation is currently of re	ecord with the Department of Sta	ate. Changes require fili	ng Form 642.	
Under penalty of perjury, I de statements, and that all state	clare and affii ments contair	rm that I have exa ned herein are tru	amined this report, including and correct.	ng any accompanyin	ng schedules and	
Name of Authorized Person			Date	==:-		
Amy S. Barclay de Tolly			9120	9N 0/2019		
Signature of Authorized Person	Faich	as old	a Transfer			
	. 5000					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 **Website:** www.sos.n.gov

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RAL DEPT OF STATE BUS SYCS DIV

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SEP 1 3 2019

FORM 632 - Revised: 10/2017