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State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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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.

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|      |     |            |   |   |    | CECRS APPIGE STATE |
|      |     |            |   |   |    | C (18a) 6          |

| 1 Entity ID Number 1009751                                     |                                 | 2. Exact name of the Limited Liability Company  JAZG REALTY LLC          |  |                          |                        |  |  |  |  |  |
|--|---------------------------------|--|--|--------------------------|------------------------|--|--|--|--|--|
| 3. NAICS Code  | 4. Brief de:                    | Brief description of the character of business conducted in Rhode Island |  |                          |                        |  |  |  |  |  |
| 531390   | REAL EST                        | REAL ESTATE INVESTMENTS  |  |                          |                        |  |  |  |  |  |
| 5. State of Formation  | 7                               |  |  |                          |                        |  |  |  |  |  |
| RHODE ISLAND   |                                 |  |  |                          |                        |  |  |  |  |  |
| 6. Principal Office Address                                    |                                 |  | City   | State                    | Zıp                    |  |  |  |  |  |
| P.O. BOX 3290  |                                 |  | PAWTUCKET  | RI                       | 02861                  |  |  |  |  |  |
| 7 Mailing Address of Limited I                                 |                                 | any and Name o   | r Title of Contact Person                          |                          | 1                      |  |  |  |  |  |
| Contact Name JOSEPH RAHE                                       | В                               |  | Contact Title ATTORNEY                             | Contact Title ATTORNEY   |                        |  |  |  |  |  |
| Street Address 650 WASHING                                     | TON HWY., SL                    | JITE 200   | City LINCOLN                                       | State RI                 | <sup>Zip</sup> 02865   |  |  |  |  |  |
|  | and addresse                    | s) of the Limited  | Liability Company, IF APPLICA                      | BLE - DO NOT LIST        | MEMBERS                |  |  |  |  |  |
| Manager Name NONE  |                                 |  | Manager Name                                       | Manager Name             |                        |  |  |  |  |  |
| Street Address   |                                 |  | Street Address                                     | Street Address           |                        |  |  |  |  |  |
| C.ty   | State                           | Zıp  | City   | State                    | Zıp                    |  |  |  |  |  |
| Manager Name   |                                 |  | Manager Name                                       | Manager Name             |                        |  |  |  |  |  |
| Street Address   |                                 |  | Street Address                                     | Street Address           |                        |  |  |  |  |  |
| City   | State                           | Zıp  | City   | State                    | Zip                    |  |  |  |  |  |
| ·  | <u> </u>                        | <u> </u>   |  | Check the box to         | indicate an attachment |  |  |  |  |  |
| 9 Resident Agent in Rhode Is                                   | land. This inform               | mation is currently  | of record with the Department of St                | ate. Changes require fil | ing Form 642           |  |  |  |  |  |
| Under penalty of perjury, I d<br>statements, and that all stat | leclare and aft<br>ements conta | firm that I have<br>ined herein are                                      | examined this report, includi<br>true and correct. | ng any accompanyi        | ng schedules and       |  |  |  |  |  |
| Name of Authorized Person Date                                 |                                 |  |  |                          |                        |  |  |  |  |  |
| GREGORY W. SMITH   | 8/.                             | 23/19  |  |                          |                        |  |  |  |  |  |
| Signature of Authorized Perso                                  | •                               | SIG  | SN DOCUMENT HERE                                   | •                        |                        |  |  |  |  |  |
| X Shen We  | metal                           | 310  | NA DOCUMENT HERE                                   |                          |                        |  |  |  |  |  |
| <u> </u>   | <u>-</u>                        |  |  |                          |                        |  |  |  |  |  |

MAIL TO:

**Division of Business Services** 

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