s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
Division Of Business Services			
148 W. River Street Providence RI 02904-2615			
(401) 222-3040			
Limited Liability Com	pany		
Annual Report			
Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-			
16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2019			
1. ID No. <u>000094316</u>			
2. Exact Name of the Limited Liability Company JFMJ Realty Associates, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
531130			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
REAL ESTATE HOLDING			
5. Principal Office Address			
No. and Street: <u>208 NORTH CEDAR ROAD</u>			
City or Town: FAIR	<u>FIELD</u> St	ate: <u>CT</u> Zip: <u>06824</u> Coun	try: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
No. and Street: <u>208 N</u> City or Town: <u>FAIRF</u>	<u>ORTH CEDAR ROAD</u> FIELD Sta	te: <u>CT</u> Zip: <u>06824</u> Cour	ntry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
MANAGER	First, Middle, Last, Suffix THOMAS M. O'CONNOR	Address, City or Town, State, Zip Co	
		208 NORTH CEDAR R FAIRFIELD, CT 06824 US	

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JAMES O. REAVIS, ESQ. 245 WATERMAN STREET, SUITE 109 PROVIDENCE, RI 02906

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 3 Day of October, 2019 at 3:35:41 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument 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 THOMAS M. O'CONNOR

Signature of Authorized Person

Form No. 632 Revised 09/07

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