



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

OCT 07 2019

Annual Report for the year: 2019
Limited Liability Company

BY

3818
OK

- 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 93060		2. Exact name of the Limited Liability Company Jobel Shopperstown Associates, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island <i>Real estate</i>			
5. State of Formation Massachusetts					
6. Principal Office Address P.O. Box 4207		City Dedham	State MA	Zip 02027	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Harris Krafcick			Contact Title Manager		
Street Address P.O. Box 4207		City Dedham	State MA	Zip 02027	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Harris Krafcick		Manager Name Sheryl Dropkin			
Street Address P.O. Box 4207		Street Address P.O. Box 4207			
City Dedham	State MA	Zip 02027	City Dedham	State MA	Zip 20207
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person Harris Krafcick				Date October 3 2019	
Signature of Authorized Person <i>[Handwritten Signature]</i>					

MAIL TO:
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