Sta	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-30	treet )4-2615	
Limited Liability Comp Annual Report Filing Period: September 1 -			
	-16-66(d), each limited liability com thirty (30) days after the time presc enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2019		
1. ID No. <u>000100608</u>			
2. Exact Name of the Limited Liability Company JAKE KAPLAN'S DEVELOPMENT, 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 <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>531110</u>			
4. Brief Description of the	Character of the Business Which	is Actually Conducted in R	hode Island
ACQUIRE, DEVELOP, MANAGE, RENT, LEASE AND SELL REAL ESTATE.			
5. Principal Office Address	5		
	BALD HILL ROAD WICK Stat	e: <u>RI</u> Zip: <u>02886</u> Cou	ntry: <u>USA</u>
6. Mailing Address of Lim	ited Liability Company and Name	or Title of Contact Person:	
Contact Name:SHEREE KAPLAN-ALLEN Contact Title:No. and Street:1080 MAIN STREETCity or Town:PAWTUCKETState:RIZip:02860Country:USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip	Code, Country
8. RESIDENT AGENT IN RH	ODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JONATHAN N. SAVAGE, ESQ. 1080 MAIN STREET PAWTUCKET , RI 02860

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

**Signed this 9 Day of October, 2019 at 4:37:54 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 SHEREE KAPLAN-ALLEN

Signature of Authorized Person

Form No. 632 Revised 09/07

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