



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.

FILED

OCT 21 2019

BY

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1. Entity ID Number 1063627		2. Exact name of the Limited Liability Company JOLIDA LLC			
3. NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island Hold and manage real estate			
5. State of Formation RI					
6. Principal Office Address P.O. Box 719			City Barrington	State RI	Zip 02806
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Daniel Lemos			Contact Title Member		
Street Address P.O. Box 719			City Barrington	State RI	Zip 02806
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name None			Manager Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name None			Manager Name None		
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 Daniel Lemos				Date 9/19/19	
Signature of Authorized Person <i>[Signature]</i>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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