



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

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 SECRETARY OF STATE
 CORPORATIONS DIV.
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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.

1. Entity ID Number 16078638		2. Exact name of the Limited Liability Company THE PURPOSE OF JS LLC	
3. NAICS Code 488490		4. Brief description of the character of business conducted in Rhode Island DELIVERY	
5. State of Formation RI			
6. Principal Office Address 7 DUTTON ST		City PROVIDENCE	State I
		Zip 02909	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name JULIA MACEDO		Contact Title OWNER	
Street Address 7 DUTTON ST		City PROVIDENCE	State RI
		Zip 02909	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name JOAO GONCALVES		Manager Name	
Street Address 7 DUTTON ST		Street Address	
City PROVIDENCE	State RI	Zip 02909	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
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 JOAO GONCALVES		Date 10/23/19	
Signature of Authorized Person 		SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED ✓
OCT 23 2019
 BY DSXX5