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

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CORPORATIONS DIV. C
2019 OCT 28 PM 12: 09

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 **001669510**	2. Exact name of the Limited Liability Company **J FURNITURE LLC**
3. NAICS Code ~~42299~~ 442299	4. Brief description of the character of business conducted in Rhode Island **RETAIL HOME FURNITURE**
5. State of Formation **RI**	

6. Principal Office Address	City	State	Zip
817 DEXTER ST	**CENTRAL FALLS**	**RI**	**02863**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name **JOSE T. CASTRO**	Contact Title **OFFICER**		
Street Address **895 BROAD ST**	City **CENTRAL FALLS**	State **RI**	Zip **02863**

8. List **ALL** managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

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 **JOSE CASTRO**	Date **09/11/2019**
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 28 2019
BY 76QAX

FORM 632 - Revised: 10/2017