S S	tate of Rhode Isl Office o	and and Pro f the Secreta		ions Fee: \$50.00
HOPE	1	ion Of Business 48 W. River St idence RI 0290 (401) 222-304	reet 4-2615	
Limited Liability Com Annual Report Filing Period: September 1				
In accordance with R.I.G.L. to file its annual report within 16-66(b&c)) is subject to a p	n thirty (30) days afte	r the time prescri		
ANNUAL REPORT YEAR: 2019				
<b>1. ID No.</b> <u>000524817</u>				
2. Exact Name of the Limited Liability Company <u>JASWELL FAMILY, LLC</u>				
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>531190</u>				
4. Brief Description of the	e Character of the B	Business Which	is Actually Condu	cted in Rhode Island
COMPANY OWNS AND LEASES AGRICULTURAL LAND				
5. Principal Office Addres	SS			
	<u>SWAN ROAD</u> MOND	State: <u>RI</u>	Zip: <u>02917</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: Contact Title: No. and Street: <u>50 SWAN ROAD</u> City or Town: SMITHFIELD State: RI Zip: 02917 Country: USA				
		State: <u>RI</u>	Zip: <u>02917</u>	Country: <u>USA</u>
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	
	First, Middle, La	asi, Juiiix	Address, City of Tow	n, State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER				

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

ALLISON J. MOLIS 50 SWAN ROAD ESMOND , RI 02917

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

**Signed this 29 Day of October, 2019 at 4:31:31 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 ALLISON J MOLIS

Signature of Authorized Person

Form No. 632 Revised 09/07

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