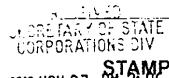
RI SOS Filing Number: 201928962090 Date: 11/27/2019 4:00:00 PM





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.

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| ULORETAK!   | OF STATE                  |  |  |  |  |
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|             | PEAT Y ROYPATIENTS - TAYS |  |  |  |  |

| 1. Entity ID Number 000139673                                      | 2. Exact name of the Limited Liability Company  J. Baffoni, LLC             |                       |                               |                             |                 |  |  |
|--|---|-----------------------|-------------------------------|-----------------------------|-----------------|--|--|
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island |                       |                               |                             |                 |  |  |
| 531110   | Real Estate   |                       |                               |                             |                 |  |  |
| 5. State of Formation  | 1   |                       |                               |                             |                 |  |  |
| Rhode Island   |   |                       |                               |                             |                 |  |  |
| 6. Principal Office Address  | ice Address   |                       |                               | State                       | Zip             |  |  |
| 137 Joe Sweet Road   |   |                       | Glocester                     | RI                          | 02814           |  |  |
| 7. Mailing Address of Limited Lia                                  | ability Company a   | and Name or Title     |                               |                             |                 |  |  |
| Contact Name John P. Baffoni                                       |   |                       | Contact Title Member          |                             |                 |  |  |
| Street Address 137 Joe Sweet Road                                  |   | City Glocester        | State RI                      | <sup>Zip</sup> 02814        |                 |  |  |
| 8. List ALL managers (names a                                      | nd addresses) of  | the Limited Liabi     | lity Company, IF APPLICA      | BLE - 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 Isla                                    | nd. This informatio   | n is currently of rec | ord with the Department of Si | tate. Changes require filir | ng Form 642.    |  |  |
| Under penalty of perjury, I dec<br>statements, and that all states |   |                       |                               | ng any accompanyin          | g schedules and |  |  |
| Name of Authorized Person  John P. Baffoni, Member  /   Date       |   |                       |                               |                             |                 |  |  |
| John P. Baffoni, Member  |   |                       | - $ $ $ $ $ $ $ $ $ $         | 4-1/                        |                 |  |  |
| Signature of Authorized Person                                     | 1 dr 1  | REIGHO                | CUMENT HERE                   |                             |                 |  |  |
|  | 1   | 11                    |                               |                             |                 |  |  |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ni.gov FILED

NOV 27 2019