



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 R.I. DEPT. OF STATE
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 Annual Report for the year: 2019
 Limited Liability Company

2019 DEC -2 PM 12:52

- 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 <u>000995257</u>		2. Exact name of the Limited Liability Company <u>JRK WATERMAN, LLC</u>			
3. NAICS Code <u>53110</u>		4. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE</u>			
5. State of Formation <u>Rhode Island</u>					
6. Principal Office Address <u>33 Edward Ave</u>		City <u>East Providence</u>		State <u>RI</u>	Zip <u>02916</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>KEN Schneider</u>		Contact Title <u>Manager</u>			
Street Address <u>33 Edward Ave</u>		City <u>East Providence</u>		State <u>RI</u>	Zip <u>02916</u>
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 <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 <u>KEN Schneider</u>				Date <u>11/29/19</u>	
Signature of Authorized Person <u>[Signature]</u>					

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

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BY [Signature] COBF7

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