



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

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CORPORATIONS DIV

2019 DEC 12 PM 12:31

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 <u>788235</u>		2. Exact name of the Limited Liability Company <u>JACKPORALL LLC</u>			
3. NAICS Code <u>813920</u>		4. Brief description of the character of business conducted in Rhode Island <u>INFO ON POLITICAL, HEALTH CARE</u>			
5. State of Formation <u>R.I.</u>					
6. Principal Office Address <u>25 LEO AVE</u>		City <u>PROV</u>		State <u>R.I.</u>	Zip <u>02904</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>ROBERT JACQUES</u>		Contact Title			
Street Address <u>25 LEO AVE</u>		City <u>PROV</u>		State <u>R.I.</u>	Zip <u>02904</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>Robert Jacques</u>				Date <u>12-12-19</u>	
Signature of Authorized Person <u>Robert Jacques</u>					

FILED

DEC 12 2019

BY

JB SWZ 6J

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov