

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.

| FILED        | 1 |
|--------------|---|
| BY   21 2020 | , |

| 1. Entity ID Number  | 2. Exact name of the Limited Liability Company |                      |                   |          |                      |  |  |
|--|--|----------------------|-------------------|----------|----------------------|--|--|
| 001681361  | Jay LaCroix Properties, LLC                    |                      |                   |          |                      |  |  |
| 3. NAICS Code 5. State of Formation Rhode Island   | tate of Formation Real estate                  |                      |                   |          |                      |  |  |
| 6. Principal Office Address  |  |                      | City              | State    | Zip                  |  |  |
| 892 Providence Street  |  |                      | West Warwick      | RI       | 02893                |  |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |                      |                   |          |                      |  |  |
| Contact Name Jay LaCroix   |  |                      | Contact Title     |          |                      |  |  |
| Street Address 892 Providence Street   |  |                      | City West Warwick | State RI | <sup>Zip</sup> 02893 |  |  |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |  |                      |                   |          |                      |  |  |
| Manager Name<br>Jay LaCroix  |  |                      | Manager Name      |          |                      |  |  |
| Street Address 892 Providence Street   |  |                      | Street Address    |          |                      |  |  |
| City West Warwick  | State RI                                       | <sup>Zip</sup> 02893 | 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  Jay LaCroix, Manager  Date  |  |                      |                   |          |                      |  |  |
| 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