



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

AUG 12 2020

BY

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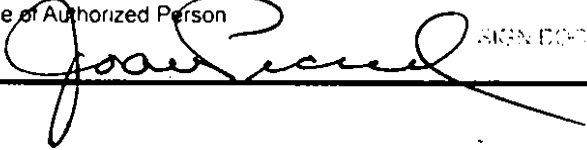
Annual Report for the year: 2019

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>001668652</u>		2. Exact name of the Limited Liability Company <u>JKL RT LLC</u>			
3. NAICS Code <u>522292</u>		4. Brief description of the character or business conducted in Rhode Island <u>COMMERCIAL LENDING</u>			
5. State of Formation <u>R.I</u>					
6. Principal Office Address <u>32 HOPKINS TERR</u>		City <u>CUMBERLAND</u>		State <u>RI</u>	Zip <u>02864</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>JOAN PICARD</u>		Contact Title <u>PRESIDENT</u>			
Street Address <u>32 HOPKINS TERR</u>		City <u>CUMBERLAND</u>		State <u>RI</u>	Zip <u>02864</u>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>JOAN PICARD</u>		Manager Name <u>JASONS. JOHNSON</u>			
Street Address <u>32 HOPKINS TERR</u>		Street Address <u>154 MENDON AVE</u>			
City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>	City <u>PAWT.</u>	State <u>RI</u>	Zip <u>02861</u>
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>JOAN PICARD</u>				Date <u>8/6/2020</u>	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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