|   | State of Rhode<br>Office of the Secreta |                                   | Fee: \$50.00  |  |
|---|---|-----------------------------------|---------------|--|
| Division Of Business Services   |   |                                   |               |  |
| 148 W. River Street<br>Providence RI 02904-2615   |   |                                   |               |  |
| HOPE  | (401) 222-304                           |                                   |               |  |
| Limited Liability Company<br>Annual Report<br>Filing Period: September 1 - November 1   |   |                                   |               |  |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. |   |                                   |               |  |
| ANNUAL REPORT YEAR: 2020  |   |                                   |               |  |
| 1. ID No. <u>001699249</u>  |   |                                   |               |  |
| 2. Exact Name of the Limited Liability Company JS Property Management LLC   |   |                                   |               |  |
| 3. State of Formation   |   |                                   |               |  |
| State: <u>RI</u>  |   |                                   |               |  |
|   |   |                                   |               |  |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download   |   |                                   |               |  |
| the list of codes here. More information on NAICS can be found online.  |   |                                   |               |  |
| <u>531311</u>   |   |                                   |               |  |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island   |   |                                   |               |  |
| RESIDENTIAL PROPERTY MANAGEMENT   |   |                                   |               |  |
| RESIDENTIAL PROPERTY INVESTMENT ACQUISITIONS  |   |                                   |               |  |
|   |   |                                   |               |  |
| 5. Principal Office Address   |   |                                   |               |  |
| No. and Street: <u>84 SINCLAIR AVE</u>  |   |                                   |               |  |
| City or Town:CRANSTONState: RIZip: 02907Country: USA  |   |                                   |               |  |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:  |   |                                   |               |  |
| Contact Name: JOEL SANCHEZ Contact Title: CEO   |   |                                   |               |  |
| No. and Street:         84 SINCLAIR AVENUE           City or Town:         CRANSTON           State: RI         Zip: 02907           Country: USA   |   |                                   |               |  |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS   |   |                                   |               |  |
| Title   | Individual Name                         | Address                           |               |  |
|   | First, Middle, Last, Suffix             | Address, City or Town, State, Zip | Code, Country |  |

| JONATHAN I SANCHEZ  | 86 SINCLAIR AVE<br>CRANSTON, RI 02907 USA  |  |  |  |
|---|--|--|--|--|
| JOEL R SANCHEZ  | 51 HALL STREET, PROVIDENCE RI 02904<br>PROVIDENCE, RI 02904 USA  |  |  |  |
|   |  |  |  |  |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER<br>Changes Require Filing of Form 642 - R.I.G.L. 7-16-11   |  |  |  |  |
| JOEL R SANCHEZ 51 HALL STREET PROVIDENCE, RI 02904  |  |  |  |  |
| 9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).   |  |  |  |  |
| <ul> <li>Signed this 29 Day of September, 2020 at 2:54:43 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.</li> <li>By <u>JOEL SANCHEZ</u><br/>Signature of Authorized Person</li> </ul> |  |  |  |  |
|   |  |  |  |  |
| land  |  |  |  |  |
|   | HODE ISLAND - DO NOT ALTER<br>g of Form 642 - R.I.G.L. 7-16-11<br><u>IALL STREET</u> <u>PROVIDENCE</u> , <u>RI</u><br><b>recuted by an authorized person p</b><br><b>reptember, 2020 at 2:54:43 PM b</b><br><i>real or individuals signing this insu-<br/>signatory, under penalties of per-<br/>d or the act and deed of the comp<br/>e electronic filing, in compliance</i><br>ed Person |  |  |  |