



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

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.** 000508948

**2. Exact Name of the Limited Liability Company** PLS COONEYMUS LLC

**3. State of Formation**

State: RI

**ARTICLE III**

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.

531390

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

REAL ESTATE

**5. Principal Office Address**

No. and Street: 1130 COONEYMUS ROAD

City or Town: NEW SHOREHAM

State: RI

Zip: 02807

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: PETER JOKL Contact Title: MANAGER

No. and Street: 25 HIGHVIEW ROAD

City or Town: MADISON

State: CT

Zip: 06443

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	LINDA J. JOKL	25 HIGHVIEW ROAD MADISON, CT 06443 USA
MANAGER	PETER JOKL	25 HIGHVIEW ROAD

MANAGER

SUZANNE DALBERO

MADISON, CT 06443 USA

28 WOODHOUSE AVENUE  
NORTHFORD, CT 06472 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

PETER JOKL 1130 COONEYMUS ROAD P.O. BOX 366 BLOCK ISLAND , RI 02807

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 29 Day of September, 2020 at 4:09:44 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.*

By MICHAEL RIOLINO, CPA  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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